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# STATE PLAN

FOR

COMMUNITY MENTAL HEALTH CENTERS CONSTRUCTION

1966 - 1967

MONTANA STATE DEPARTMENT OF HEALTH  
DIVISION OF HOSPITAL FACILITIES  
HELENA MONTANA

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May 1, 1967

AMENDMENT

TO

MONTANA STATE PLAN FOR COMMUNITY MENTAL  
HEALTH CENTERS CONSTRUCTION, 1966-1967

I. SURVEY OF NEED AND RANKING OF AREAS, EXHIBIT XXI

Page 146. POPULATION CHARACTERISTICS, EXHIBIT XXI - A

Under the heading "Rank for Category," last column, "Rank of Sums," there are "ties" for Regions IV and V. It is necessary, therefore, to apply "statistical averages" to this column. Use the attached revised Page 146 in lieu of Page 146 in the bound copy of the State Plan.

Page 148. MENTAL HEALTH RESOURCES, EXHIBIT XXI - C

Under the heading of "Mental Health Clinics" there are ties in the "Rank" column for Regions I, II and IV. It is necessary, therefore, to apply "statistical averages" to this column. This changes the "Sum of Rank" and "Rate of Sums" columns under the heading of "Rank for Category." Use the attached revised Page 148 in lieu of Page 148 in the bound copy of the State Plan.

Page 149. SOCIAL PROBLEM INDICATORS, EXHIBIT XXI - D

Under the heading "Infant Mortality" there are ties in the "Rank" column for Regions III and V. It is necessary, therefore, to apply "statistical averages" to this column. This changes the "Sum of Rank" and "Rate of Sums" columns under the heading of "Rank for Category." Use the attached revised Page 149 in lieu of Page 149 in the bound copy of the State Plan.

Page 150. PRIORITY SYSTEM SUMMARY, EXHIBIT XXI - E

In view of the changes made on Pages 146, 148 and 149, a revised Priority System Summary has been prepared showing the rankings as revised. This changes the Final Rank as follows:

Region I from 2 to 3.  
Region II from 3 to 2.  
Region III no change.  
Region IV from 4 to 5.  
Region V no change.



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Amendment  
Page -2-  
May 1, 1967

Use attached revised Page 150 in lieu of Page 150 in bound copy of the State Plan.

II. Page 49. Change priority for projects at top of page to read:

Region V, Eastern - 1  
Region II, Northern - 2  
Region I, Northwestern - 3  
Region III, Southwestern - 4  
Region IV, Southern - 5

III. Page 59. Region I, Northwestern. Change last sentence of paragraph on top of Page 57 to read:

"This region has Priority 3 under this Plan."

IV. Page 57. Region II, Northern. Change last sentence of this paragraph to read:

"This region has Priority 2 under this Plan."

~~VI.~~ Page 58. Region IV, Southern. Change last sentence of the paragraph on top of Page 58 to read:

"This region has Priority 5 under this Plan."

V. Page 108. MENTAL HEALTH REGIONS - Map Exhibit XIV.

Change "Priority" in lower left hand corner to read:

"R-I	3
R-II	2
R-III	4
R-IV	5
R-V	1"

VI. Page 143. CO-ORDINATED PLAN FOR MENTAL HEALTH SERVICES, Exhibit XX

Change "Priority" in lower left hand corner to read:

"R-I	3
R-II	2
R-III	4
R-IV	5
R-V	1"



POPULATION CHARACTERISTICS

REGION	Density per Square Mile	Population Aged 15 to 64	Dependency Ratio Aged 15 + 65 & over		(c) Population per Household		Rank for Category Sum of Rank	Rank of Sums
			(4) Rate	(5) Rank	(6) Median	(7) Rank		
(1) Rate	(2) Rank	(3) Numbers						
I	6.7	1	<u>40,011 + 13,857</u> <u>75,932</u>	0.71	4	3.22	4	9
II	5.1	2	<u>54,365 + 13,580</u> <u>92,877</u>	0.72	3	3.35	2	7
III	4.4	3	<u>47,006 + 15,992</u> <u>91,002</u>	0.70	5	3.07	5	13
IV	2.7	4	<u>49,264 + 13,963</u> <u>82,373</u>	0.77	1	3.25	3	8
V	2.6	5	<u>34,960 + 9,930</u> <u>61,010</u>	0.74	2	3.44	1	8
								2.5



SOCIO-ECONOMIC CHARACTERISTICS

<u>REGION</u>	<u>Median Family Income</u>		<u>Median Education Level, Adults, 25 Yrs. &amp; over</u>		<u>Families With Income over \$3,000</u>		<u>Rank for Category</u>
	<u>Rate</u>	<u>Rank</u>	<u>Rate</u>	<u>Rank</u>	<u>Percent</u>	<u>Rank</u>	
I	\$5,230	2	11.3	2	78.4	2	6
II	5,729	5	11.6	4	82.1	5	14
III	5,412	3	11.3	2	81.5	4	9
IV	5,548	4	11.5	3	81.0	3	10
V	4,804	1	10.6	1	73.6	1	1



MENTAL HEALTH RESOURCES

REGION	Mental Health Clinics		Professional Manpower per 1,000 Persons		Rank for Category	
	No.	Rank	No.	Rate	No.	Rank
<u>Psychiatrists</u>						
I	1	3	1	0.0077	1	1
II	1	3	4	0.0249	3	1
III	2	5	12	0.0779	5	5
IV	1	3	4	0.0274	4	1
V	0	1	1	0.0094	2	0
<u>Psychologists</u>						
I	1	3	1	0.0077	4	1
II	1	3	4	0.0062	2	2
III	2	5	12	0.0325	5	5
IV	1	3	4	0.0069	3	1
V	0	1	1	0.0	1	0
<u>Social Workers</u>						
I	1	3	1	0.0077	3	11
II	1	3	4	0.0125	4	12
III	2	5	12	0.0325	5	20
IV	1	3	4	0.0069	2	12
V	0	1	1	0.0	1	5
<u>Sum of Rank</u>						
<u>Rank of Sums</u>						



SOCIAL PROBLEM INDICATORS

REGION	Welfare Recipients Rate per 1,000	Infant Mortality Rate per 1,000		Suicides Rate per 1,000		Homicides Rate per 1,000		Rank for Category	
		Rate	Rank	Rate	Rank	Rate	Rank	Sum of Rank	Rank of Sums
I	15.4	3	24.5	4	14.3	3	2.3	4	14
II	16.9	1	25.9	3	11.7	4	3.9	2	10
III	11.9	5	26.0	1.5	17.5	1	4.1	1	8.5
IV	13.4	4	24.0	5	15.2	2	3.8	3	14
V	15.6	2	26.0	1.5	11.2	5	1.3	5	13.5



PRIORITY SYSTEM SUMMARY

<u>REGION</u>	<u>Population Characteristics</u>	<u>Socio Economic Characteristics</u>	<u>Mental Health Resources</u>	<u>Social Problem Indicators</u>	<u>Sum of Ranks</u>	<u>Final Rank</u>
	<u>Rank</u>	<u>Rank</u>	<u>Rank</u>	<u>Rank</u>	<u>Sum of Ranks</u>	<u>Final Rank</u>
I	4	2	2	4.5	12.5	3
II	1	5	3.5	2	11.5	2
III	5	3	5	1	14	4
IV	2.5	4	3.5	4.5	14.5	5
V	2.5	1	1	3	7.5	1



August 1, 1967

AMENDMENT

TO

MONTANA STATE PLAN FOR COMMUNITY MENTAL  
HEALTH CENTERS CONSTRUCTION, 1966-1967

I. D. PROBABLE LOCATION OF, AND RELATIVE NEED FOR, PROJECTS.

Page 53 1. The following is to be added after the first paragraph, Page 53:

"Before a construction application for a community mental health facility is recommended by the State agency for approval, the State agency shall obtain assurance from the applicant that:

- (a) The facility will furnish a community service. "Community service" means that the services to be furnished by a program providing at least the essential elements of comprehensive mental health services will be available to the general public;
- (b) All portions and services of the entire facility for the construction of which, or in connection with which, aid under the Act is sought, will be made available without discrimination on account of race, creed, or color; and that no professionally qualified person will be discriminated against on account of race, creed, or color with respect to the privilege of professional practice in the facility;
- (c) That the facility will furnish below cost or without charge a reasonable volume of services to persons unable to pay therefor. As used in this paragraph, "persons unable to pay therefor" includes both the legally indigent and persons who are otherwise self-supporting but are unable to pay the full cost of needed services. Such services may be paid for wholly or partly out of public funds or contributions of individuals and private and charitable organizations such as Community Chest or may be contributed at the expense of the community mental health facility itself. In determining what constitutes a reasonable volume of services, there shall be considered conditions in the area to be served by the applicant, including the amount of such services that may be available otherwise than through the applicant. The requirement of assurance from the applicant may be waived if the applicant demonstrates to the satisfaction of the State agency, subject to subsequent approval by the Surgeon General, that to furnish such services is not feasible financially.

Refer to factors (7) and (8) under Establishment of the Annual Project Construction Schedule, Page 63, of this Plan."



Page 55 2. The following is to be added after the last paragraph, Page 55:

"Professionally trained and skilled manpower is scarce in Montana. The problem of mental health manpower cuts across all levels of government, agencies and programs. Shortages are chronic, with many positions unfilled or filled by inadequately trained men and women. The Federal Government and universities support a variety of programs to attract and train new people and to sharpen the skills of people now working in the field. The total effort by both government and universities is insufficient to meet the growing demands for qualified people.

Montana has neither a medical school nor a teaching hospital and must, therefore, look elsewhere for psychiatrists and all other physicians. The University of Montana, at Missoula, has inaugurated a doctoral degree program for training experimental and clinical psychologists. Since this is a new program the number of students will be small in the early years of the program. However, it will eventually be a significant factor in supplying psychologists to Montana's future mental health programs.

Social workers receive training in the State. However, there are no facilities in Montana for the advanced degrees recommended for full training in the field of social work, and therefore, these must be sought elsewhere.

There are various schools of nursing in Montana. Nurses training facilities are operated in connection with general hospitals with, or without, college affiliation offering a three-year diploma. The Northern Montana College at Havre offers a two-year associate degree while the Montana State University at Bozeman offers a bachelors degree program. All student nurses receive their psychiatric clinical training at the Montana State Hospital at Warm Springs. Student nurses at Montana State University also receive clinical training in the psychiatric units at the Billings Deaconess Hospital at Billings and the Montana Deaconess Hospital at Great Falls. There are also Schools of Practical Nursing located at Havre, Lewistown, Missoula, Great Falls, Helena, Billings and Anaconda. At present students receiving nurses registration number 175 per year and licensure of practical nurses number 100 per year.

For more detailed information relative to manpower, refer to Chapter VII of A Montana Plan for Mental Health Services."

## II. REVIEW AND ACTION ON THE 1966-1967 MONTANA STATE PLAN.

The Hospital, Medical and Related Facilities Advisory Council at its May 15-16, 1967 meeting reviewed and acted on the 1966-1967 Montana State Plan for Community Mental Health Centers Construction. The Council recommended that in the next Revision of the State Plan that the Counties of Treasure and Phillips be incorporated into Region V.



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CHAPTER I  
SINGLE STATE AGENCY

The Governor, in 1963, directed the State Mental Health Authority to develop a comprehensive Mental Health Plan for Montana, and on March 24, 1964, designated the State Board of Health to administer the construction phase of the Federal Community Mental Health Centers Act of 1963. A copy of the Governor's letter appears as Exhibit I.

The enactment by the Montana Legislature of Chapters 269 and 270 of the 1947 Session Laws enabled the State of Montana to comply with all the requirements of the original Hospital Survey and Construction Act, commonly known as the Hill-Burton Act. Chapter 270, the Montana Hospital Survey and Construction Act, established the Board of Health as the sole agency for the administration of the plan, authorized the inventory and survey of existing hospital facilities, and provided for an Advisory Council.

It was necessary to amend the original State enabling law to cover the expanded program as provided by the Medical Facilities Survey and Construction Act of 1954. This was accomplished by Senate Bill No. 67, signed by the Governor March 4, 1955, included as Chapter 215 of the 1955 Montana Session Laws.

Governor Tim Babcock designated the State Board of Health as the sole agency to implement the provisions of Public Law 88-164, cited as the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963." The enabling legislation was provided by Chapter 77 of the 1965 Montana Session Laws. This also provided for the "Hospital and Medical Facilities Amendments of 1964," Public Law 88-443. A copy of the amended Law appears in Exhibit II of this Plan.

Chapter 269 of the 1947 Montana Session Laws provided for the licensing, inspection and regulating of hospitals throughout the State. The Federal Act required that minimum standards for maintenance and operation be established for hospitals which receive Federal aid under the Act. The State Licensing Law, as passed, to comply with the Federal Act is intended to apply to all hospitals (except Federal) since minimum standards are equally desirable for all operating hospitals.

Chapter 78 of the 1965 Montana Session Laws amends the Licensing Law to include facilities for mental diseases and mental retardation. It also provides, in Section 69-2910, a hospital, medical and related facilities advisory council which shall consult and advise the Board in matters of policy affecting administration of the Montana Hospital, Medical and Related Facility Survey and Construction Act, and in the development of rules, regulations and standards provided under the Licensing Act. A copy of the amended Law is included in Exhibit III.

Chapter 30, Revised Codes of Montana, 1947 Annotated, amendments as shown in 1965 Cumulative Pocket Supplement, which includes Chapter 77 of the 1965 Montana Session Laws, in Section 69-3003 in part states "Except where another state agency is specifically designated by law, the state board of health of the State of Montana is hereby designated as the sole agency of the State of Montana to establish and administer any statewide plan for the construction, alteration, equipment, maintenance, or operation of any hospital, medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation, training, or related services, which plan is now, or may hereafter be required as a condition to the eligibility for benefits under any federal law."

Section 69-3002, (i) states " 'related facility' includes a facility devoted to the diagnosis, treatment or care of individuals afflicted with mental disease or mental retardation."

It is obvious from the two sections of the law quoted above that the Montana State Board of Health is the sole agency designated to implement the provisions for participation under Public Law 88-164, Title I, Part C - Grants for Construction of Facilities for the Mentally Retarded and Title II - Construction of Community Mental Health Centers. Further clarification is contained in a Legal Opinion of the Attorney General of the State of Montana which appears in Exhibit IV.

The Montana State Board of Health was created by legislative action, signed into law March 15, 1901. Membership of the State Board of Health is detailed by law (Revised Codes of Montana, 1947, Title 69, Chapter 101):

"There is hereby created 'The State Board of Health of the State of Montana' . . . . which shall consist of seven (7) members, to be appointed by the governor, three (3) of whom shall have the degree of doctor of medicine, one (1) of whom shall have the degree of doctor of dental surgery, and three (3) of whom shall be lay persons, each of whom has demonstrated intelligent and active interest in the field of public health in Montana. For purposes of this act 'lay person' is hereby defined as any person who does not hold the degree of doctor of dental surgery or doctor of medicine."

The seven-member board appointed by the Governor appears in Exhibit V.

The Executive Officer of the Montana State Board of Health is John S. Anderson, M. D., MPH, who is responsible to the Montana State Board of Health. An Organizational Chart of the Montana State Board of Health is shown in Exhibit VI. The Division of Hospital Facilities is responsible for the administration of the Montana State Plan for Hospital and Medical Facilities Construction (Hill-Harris Program), the Montana State Plan for the Construction of Mental Retardation Facilities, and the Montana State Plan for the Construction of Community Mental Health Centers. This Division is staffed by the Director, Robert J. Munzenrider, Hospital Architect, Walter C. Moyle, and Secretary, Mrs. Lynn Potter.

Section 69-3004 of Chapter 30 of the Revised Codes of Montana authorizes the State Board of Health to accept, on behalf of the state, and to deposit with the State Treasurer, any grant, gift, or contribution made to assist in meeting the cost of carrying out the purposes of the various construction programs and to expend the same for such purpose. Federal payments are to be directed to Dr. Henry H. Anderson, State Treasurer, State of Montana, Capitol Building, Helena, Montana.

The Montana Legislative Assembly created the Montana State Department of Institutions in order to utilize, at maximum efficiency, the resources of state government in a coordinated effort to restore the physically or mentally disabled, to rehabilitate the violators of law, to sustain the vigor and dignity of the aged, to provide for children in need of temporary protection or correctional counseling, to train children of limited mental capacity to their best potential, to rededicate the resources of the state to the productive independence of its now dependent citizens, and to

coordinate and apply the principles of modern institutional administration to the institutions of the state.

Floyd A. Green, Director, Department of Institutions, is responsible to the Board of Institutions which is a five-member Board appointed by the Governor. The Organization Chart of the Montana State Department of Institutions appears in Exhibit VII.

The Montana State Department of Institutions has administrative supervision over the Montana State Hospital, Warm Springs; the Montana State Training School and Hospital at Boulder which is the State Institution for the mentally retarded; the State Industrial School at Miles City; the State Vocational School for Girls at Helena; the Montana Children's Center at Twin Bridges; the Montana Center for Aged at Lewistown; the State Pulmonary Disease Hospital at Galen; the Montana State Prison at Deer Lodge; and the Montana Veteran's Home at Columbia Falls.

The Montana State Hospital at Warm Springs is the only public mental hospital in the state. Stanley J. Rogers, M. D., is Superintendent and Director of the Montana State Hospital. He also serves as the State Mental Health Authority and Director, Division of Mental Hygiene. In this capacity he is responsible for the establishment and functioning of mental hygiene clinics in the state. Mental hygiene clinics are located at Billings, Butte, Helena, Great Falls and Missoula.

There is a close working relationship between the State Board of Health, the State Department of Institutions, the State Mental Health Authority and the Division of Mental Hygiene in the development of the Plan and in the preparation of Project Construction Applications.

## CHAPTER II

### HOSPITAL, MEDICAL AND RELATED FACILITIES ADVISORY COUNCIL

Chapter 78 of the 1965 Montana Session Laws amended the Licensing Law to include facilities for mental diseases and mental retardation. Section 69-2910, in part, states "The Governor shall appoint a hospital, medical and related facilities advisory council to advise and consult with the board in carrying out the administration of this act and of the Montana Hospital, Medical and Related Facilities Survey and Construction Act. The council shall consist of the executive officer of the state board of health (in various acts designated as "secretary" of said board) who shall serve as chairman ex officio, the state director of the department of public welfare, ex officio, the director of public institutions, ex officio, and representatives of nongovernmental organizations or groups, and of public agencies, concerned with the operation, construction, or utilization of hospital, medical and related facilities and representatives of consumers familiar with the need for the services provided by such facilities, with the number of members as are or may be required on said council as a condition of eligibility for benefits for hospital, medical and related facilities under any federal law." The present council is so constituted to provide consultation in administration of state construction plans for community mental health centers and mental retardation facilities, as well as the Hill-Harris or Hill-Burton Program.

Prior to making appointments, the Governor conferred with the Executive Officer of the State Board of Health to determine the organizations, groups and consumers required under each of the Federal Acts. The Governor then submitted a list of the proposed sixteen additional members of the Council to the State Board of Health for review and made the final appointments on January 19, 1966.

The Advisory Council is listed on Page and Page which shows the appointees, organizational interest, term of appointment, and area of the state represented. The members of the council are from various geographical areas of the state. Consultants to the council include Jack C. Carver, Director, Division of Vocational Rehabilitation, State Board of Education and Stanley J. Rogers, M.D., State Mental Health Authority. The tenure dates of each member are also included.

The Montana Association for Mental Health does not have representation on the Advisory Council at the present time. However, council members serving on the Governor's Joint Committee on Mental Health and Mental Retardation are: Miss Elizabeth Havnen, A. W. Scribner, Leonard Kuffell, M. D., Bryce Hughett, M. D., and Thomas McMaster. Dr. Bryce Hughett also represents the Mental Health Group on the Comprehensive Mental Health Planning Committee.

The Advisory Council advises and assists the State Board of Health in developing the various State Plans; makes recommendations to the State Board of Health for the adoption of the State Plan or any changes that it feels are necessary; assists in the developing of standards for construction of the various types of facilities and in the development and promulgation of standards for operation. The Council will also make recommendations to the State Board of Health on applications submitted for construction after considering conformance with the State Plan, priority, and the availability of Federal funds.

There are no state or metropolitan area planning groups in Montana at the present time. However, the Advisory Council has encouraged planning by local county medical societies and the coordination of any planning in the development of the various state plans. The work of the Advisory Council will be coordinated by the Executive Officer of the State Board of Health,

who is also ex officio chairman of the Council and Chairman of the various programs administered by the State Board of Health, which includes the Hill-Burton program, the Community Mental Health Center Construction Program, and the Construction of Facilities for the Mentally Retarded. A public hearing is also scheduled in conjunction with the Advisory Council Meeting to afford interested groups or individuals to be heard on the various state plans and proposed amendments to these plans.

Section 69-2910 (Chapter 78, 1965 Montana Session Laws) states: "The Council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by one-third or more of the members, it shall be the duty of the chairman to call a meeting of the Council."

HOSPITAL, MEDICAL AND RELATED FACILITIESADVISORY COUNCIL

<u>Name and Address</u>	<u>Occupation or Profession</u>	<u>Representation</u>
<u>Government</u>		
John S. Anderson, M.D.,M.P.H. <u>3/ 4/</u> 2216 East 6th Avenue Helena, Montana	Chairman, Ex Officio Executive Officer, State Board of Health	State Board of Health
W. J. Fouse <u>3/ 6/</u> 541 East 6th Avenue Helena, Montana	Director, State Dept. of Public Welfare Ex Officio	Dept. of Public Welfare
Floyd A. Green <u>3/ 5/</u> 525 Hayes Street Helena, Montana	Director, Dept. of Public Institutions	State Institutions
<u>Non-Government</u>		
V. R. Powers <u>3/ 4/</u> 1211 Rose Brier Missoula, Montana	Administrator Missoula Community Hospital	Montana Hospital Association
Eugene A. Lalonde <u>2/ 4/</u>  Sidney, Montana		
M. E. Donovan <u>3/ 4/</u> 804 Gilbert Street Helena, Montana	Executive Director Montana Physicians' Service	Blue Shield
Leonard Kuffell, M.D. <u>2/ 5/</u> 2204 39th Street Missoula, Montana	Anesthesiologist	Montana Medical Association
Thomas McMaster <u>1/ 5/</u> 1109 Livingston Avenue Helena, Montana	Dairy Technologist	Montana Assoc. for Retarded Children
Bryce Huggett, M. D. <u>3/ 6/</u> 1117 Avenue F Billings, Montana	Psychiatrist	Montana Medical Association
<u>Consumers</u>		
Mrs. Helen Johnson <u>2/ 4/</u> 619 South Willson Avenue Bozeman, Montana	Real Estate Insurance	

<u>Name and Address</u>	<u>Occupation or Profession</u>	<u>Representation</u>
<u>Consumers Contd.</u>		
Mrs. Steve Birch 1/ 4/ 2625 4th Avenue South Great Falls, Montana	Housewife	
Hubert White 2/ 4/ 129 South Pine Townsend, Montana	Businessman	
F. B. Welsh 2/ 4/ 9 North 24th Billings, Montana	Insurance	
Miss Liz Havnen 1/ 4/ 3415 2nd Avenue South Great Falls, Montana	Nursing Supervisor City-County Health Department	
W. Boyce Clarke 1/ 5/ 1705 Stower Miles City, Montana	Insurance	
A. W. Scribner 1/ 5/ 426 Monroe Helena, Montana	Attorney	
Ervin S. Thoreson 1/ 5/ 302 36 Street South Great Falls, Montana	Pharmacist	
Mrs. Thomas Payne 2/ 6/ 3102 Lester Missoula, Montana	Housewife (B. Sc., Nursing)	

Consultant

Jack C. Carver 7/	Director, Division of Vocational Rehabilitation State Board of Education	Vocational Rehabilita- tion
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- 1/ Term of Office: January 1, 1967 to January 1, 1970.
- 2/ Term of Office: January 1, 1966 to January 1, 1968.
- 3/ Term of Office: January 1, 1966 to January 1, 1969.
- 4/ Appointed under P. L. 88-443, Hill-Harris.
- 5/ Appointed under P. L. 88-164, Title I, Part C (Construction of Facilities for the Mentally Retarded.)
- 6/ Appointed under P. L. 88-164, Title II (Construction of Community Mental Health Centers.)
- 7/ Public Law 88-443 in Section 604, (a) (3) provides that the Advisory Council shall include a representative of a non-government organization, or group, or state agency concerned with rehabilitation, or provide for consultation with groups, organizations or agencies so concerned.

CHAPTER III  
GENERAL CHARACTERISTICS OF THE STATE

GOVERNMENTAL STRUCTURE\*

The development of government in Montana necessarily followed the settlement of the area presently included within its boundaries. When this area was designated as Montana Territory in 1864 with its capitol at Bannack, it acquired its first government. Prior to 1864, the area included within Montana had been under a number of different governments; the portion east of the Continental Divide had belonged, in succession, to Louisiana, Missouri, Nebraska, Dakota and Idaho, while that portion west of the Divide had belonged to Oregon, Washington and Idaho successively.

Montana was admitted to the union on November 8, 1899 as the forty-first state. A constitution had been adopted by a Constitutional Convention on August 17, 1889, and ratified by the voters of Montana on October 1, 1889. Two earlier attempts by residents of the territory to frame a constitution and secure admission as a state had failed. The constitution adopted in 1889 was patterned after those of other western states, notably the California Constitution of 1879. It is still in effect having, however, been modified by thirty-two amendments.

The Constitution of Montana provided for the usual separation of powers among three branches of government--legislative, executive, and judicial. This structure has not been changed fundamentally in the intervening years. A marked growth of the functions of government, however, has resulted in a substantial increase in the number of administrative agencies, departments, boards, and commissions. In 1890 there were twenty separate offices and

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.

boards. By 1920 the number had grown to 104 and by 1957 to more than 140. Three attempts of administrative reorganization in 1919, 1941 and 1951, failed to halt the proliferation of separate administrative agencies.

The legislature is known officially as a Legislative Assembly. It is bicameral, being composed of a Senate and a House of Representatives. In the past, Montana's fifty-six counties were the districts used in selecting both senators and representatives. Each county was entitled to one senator resulting in a Senate with fifty-six members. Theoretically, representation in the House was based on population, although each county was automatically entitled to at least one representative. In addition, each county was entitled to a representative for each 7,000 persons in excess of the base quota of 3,500 persons.

Following the decision by the United States Supreme Court on reapportionment, a case was brought before the United States District Court, which on August 6, 1965, ruled on a constitutionality of the legislature. As a result, the Court set up thirty-one senatorial districts for a total of fifty-five state senators and thirty-eight representative districts for a total of 104 state representatives. This system will be maintained until such a time as the State of Montana sets up a reapportioned plan which is acceptable to the Court. Biennial sixty-day sessions in odd numbered years are prescribed for the Legislative Assembly. Special sessions may be called by the Governor.

Montana has two Congressional Districts and is represented in the Congress of the United States by two senators, the Honorable Mike Mansfield and the Honorable Lee Metcalf; and two congressmen, the Honorable Arnold Olsen and the Honorable James Battin.

Members of the House are elected for two-year terms and Senators serve four-year overlapping terms. The House of Representatives is presided over by a Speaker, elected from the membership, while the Lieutenant Governor is the presiding officer of the Senate. Other officers and employees of both Houses are not members and are hired on a non-merit basis. Each House has its own set of standing committees.

The executive branch includes the Governor and six other elective officers with whom the Governor shares executive authority. The other elective officers are Lieutenant Governor, Secretary of State, Attorney General, State Auditor, State Treasurer and Superintendent of Public Instruction. The Board of Railroad Commissioners, consisting of three commissioners, is an elective Board and also serves ex officio as the Public Service Commission.

There are various boards and commissions composed exclusively of elected and appointed officers of the state sitting ex officio. The Governor, Secretary of State and Attorney General constitute the following boards: Board of Examiners, Board of the State Prison Commissioners, Carey Land Act Board, and State Board of Commissioners for the Insane. There are approximately nine other boards on which the various elected officials are ex officio members. In addition to these, there are mixed boards and commissions which are bodies composed of various state officials ex officio and other appointed members who are not state officials. Gubernatorial appointments are subject to Senate confirmation. There are also boards and commissions in charge of important administrative or regulatory activities in the state which are appointed by the Governor.

The judicial branch includes the five member Supreme Court and eighteen district courts, plus the customary municipal and justice-of-the-peace courts. The Supreme Court is chiefly a court of appellate jurisdiction. Cases of

importance are tried in the first instance in the district courts. Montana judges are chosen by popular election on a non-partisan basis. Supreme Court justices are elected for six-year terms. District Court judges serve terms of four years. The Attorney General and Clerk of the Supreme Court are other officers who are a part of the judicial branch. These officials are chosen by statewide election. In each county there is a County Attorney and a Sheriff. These law enforcement officers function as adjuncts of the judicial system in their respective areas.

#### LOCAL GOVERNMENT\*

The growth of local government in Montana has kept pace with the overall development of the state. When Montana was organized as a separate territory nine counties were created by the territorial legislature. By 1889, when Montana became a state, there were a total of sixteen counties. Since that time forty additional counties have been established bringing the present total to fifty six. Although incorporated cities in Montana are permitted to choose from among three optional forms of government, the commission, aldermanic and commission-manager plans, only the latter two are currently employed. Three Montana cities, Bozeman, Helena and Missoula, have adopted the commission-manager plan of government and all of the remaining cities employ the aldermanic form.

Montana does not have provision for county home rule, but general laws provide Montana counties with the option of adopting a county-manager form of government. If a county does not, by special election, adopt the county-manager plan, it operates under the general laws otherwise governing counties.

Counties of Montana are in seven classes:

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.

1st Class - Those counties having taxable property valued over \$50,000,000.

2nd Class - Those counties having taxable property valued between \$30,000,000 and \$50,000,000.

3rd Class - Those counties having taxable property valued between \$20,000,000 and \$30,000,000.

4th Class - Those counties having taxable property valued between \$15,000,000 and \$20,000,000.

5th Class - Those counties having taxable property valued between \$10,000,000 and \$15,000,000.

6th Class - Those counties having taxable property valued between \$5,000,000 and \$10,000,000.

7th Class - Those counties having taxable property valued under \$5,000,000.

Elected county officers are Assessor, Board of Commissioners, Clerk of the District Court, Coroner, County Attorney, County Auditor (only in counties of the first four classes), County Clerk (ex officio, collector of taxes), County Superintendent of Schools, Public Administrator, Sheriff, Surveyor and Treasurer. The term of Commissioners is six years and all others are for four years.

Montana general laws provide for three alternative plans of municipal government: (1) Mayor-Council (alderman); (2) Commission; or (3) Commission-Manager. Unless a municipal corporation by special election adopts either the Commission or the Commission-Manager Plan, it is organized under the general laws providing for the Mayor-Council (alderman) form of municipal government. Montana does not provide for municipal home rule whereby municipal corporations can organize under the charter of their own drafting.

Cities are classified on the basis of the latest decennial census. First class are those cities of 10,000 population or over; second class are those of at least 5,000 population but under 10,000; third class are those cities of at least 1,000 population but under 5,000. Towns include those municipal corporations of at least 300 population but under 1,000. A "municipal corporation" of over 1,000 population but under 2,500 may, by appropriate resolution of its legislative body, be classified as either a town or a city (third class).

State government relates to local governmental services in a variety of different ways. For example, county welfare programs receive both supervision and consultation from the State Department of Public Welfare. The bulk of funds expended are state and federal except that general assistance funds are provided by the counties. There are thirty local welfare departments in the state and thirteen combined which serve some twenty-six counties.

In contrast, local health departments may be operated by county government on an entirely permissive basis. The county may set up a health unit by itself or as part of a multi-county health district. There are two city-county health departments which are located at Missoula and Great Falls respectively. There are several communities that do not have full time staffing or have staffing without a director.

The Montana State Hospital, which is located at Warm Springs, is the only public mental hospital in the state. It is under the administrative supervision of the Department of Institutions. The Superintendent of the Montana State Hospital is the Mental Health Authority and also serves as Director, Division of Mental Hygiene. The Department of Institutions also administers the Montana State Training School and Hospital at Boulder which is the state institution for the mentally retarded; the State

Industrial School at Miles City; the State Vocational School for Girls at Helena; the Montana Children's Center at Twin Bridges; the Montana Center for Aged at Lewistown; the State Pulmonary Disease Hospital at Galen; the Montana State Prison at Deer Lodge; and the Montana Veteran's Home at Columbia Falls.

The sources of revenue for the operation, maintenance and construction of facilities at the various institutions under the jurisdiction of the Department of Institutions is by legislative appropriations.

Section 80-1601 of the Revised Codes of Montana, 1947 Annotated, provides that the State Department of Institutions shall collect and process per diem payments for the care of residents in the following institutions:

1. Montana Children's Center
2. State Hospital
3. State Training School and Hospital
4. State Pulmonary Disease Hospital
5. Montana Veteran's Home
6. Montana Center for the Aged

All per diem payments received by the Department are deposited in the state treasury to the credit of the general fund. If the resident is an Indian who is a ward of the Federal Government, the per diem charge is assessed against the appropriate agency of the Federal Government. A resident, or responsible person, may apply to the Department for permission to pay less than the per diem charge or none of the per diem charge.

Section 2 of Chapter 246, 1967 Montana Session Laws (Senate Bill No. 85), allows the Division of Mental Hygiene to receive from agencies of the government of the United States and other agencies, persons or groups of persons, associations, firms or corporations, grants of money, receipts

from fees, gifts, supplies, materials and contributions for the development of mental health services within the state.

Section 4 of the Act allows the Division of Mental Hygiene to establish and conduct community comprehensive mental health centers, mental health clinics and other facilities in cities, towns and areas of the state for the purpose of aiding in the prevention, diagnosis and treatment of mental illness. Such centers, clinics or other facilities may be provided directly by state agencies or indirectly through contracts or cooperative arrangements with other agencies of government, regional or local private or public agencies, private professional persons or hospitals, under rules and regulations promulgated and established by the Division of Mental Hygiene. State funds specifically appropriated for regional mental health service programs shall not exceed 50 percent of the total expenditures of the programs.

Section 5 of the Act provides for the establishment of mental health regions in the State Mental Health Plan which shall conform to the mental health regions as established in the State Mental Health Construction Plan promulgated by the State Board of Health and the Federal Community Mental Health Centers Act.

Section 5 of the Act also provides that upon the establishment of the mental health regions, the county commissioners in each of the various counties in the region shall designate a person from their respective county to serve as a representative of the county on a regional mental health board, which board shall be established under guidelines adopted by the Division of Mental Hygiene. The duties of any organized regional mental health board shall include (a) annual review and evaluation of mental health needs and services within said region; (b) submission to the

Division of Mental Hygiene and to each of the participating counties within the region of plans and budget proposals to provide and support mental health services within the region; (c) establishment of a recommended proportionate level of financial participation by each of the counties involved in the provision of mental health service within the limits of this section; (d) receipt and administration of such moneys and other support as are made available for the purpose of providing mental health services by the participating agencies, including grants from the United States Government and other agencies, receipts for established fees for services rendered, tax moneys, gifts, donations and other support.

All funds so received by the Board shall be used to carry out the purposes of providing facilities and services for the mentally ill.

Chapter 246, 1967 Montana Session Laws (Senate Bill No. 85), appears in the Appendix of this Plan.

#### GEOGRAPHICAL AND TOPOGRAPHICAL CHARACTERISTICS\*

Montana is located in northwestern United States. It is bounded on the north by Canada, the east by North and South Dakota, the south by Wyoming, and the south and west by Idaho. The total distance along the boundary is 1,943 miles.

The total area (land and water) is 147,138 sq. mi.; land only 145,878 sq. mi. Montana is the fourth largest state among the states of the Union. A true concept of the size of Montana is gained when it is realized that its land area is greater than that of the New England States, New York, New Jersey, Maryland and Delaware combined, and is more than three times that of Pennsylvania. The geographical center is in Fergus County, 12 miles west of Lewistown. The extreme length of the state is about 550

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\*The Montana Almanac, 1959-60, Missoula, Montana, Montana State University Press, 1958.

miles (east-west) and the extreme breadth is about 325 miles (north-south). There are fifty-six counties in the state plus a small portion of Yellowstone Park. The largest county is Beaverhead with a total area of 5,580 sq. mi. The smallest county is Silver Bow with 716 sq. mi.

Montana was aptly named by James M. Ashley, for it contains extensive areas of "mountainous regions." The Rocky Mountains, wider here than to the south, sprawl across the western portion of the state in long, generally parallel, northwest trending chains that occupy about one-third (49,000 sq. mi.) of the area of the state. Within this rugged, generally forested region are found twenty-five or more ranges between which are located many basins and valleys, the larger of which are ten to twenty miles wide and twenty-five to one hundred miles long. In the southwest, forming the natural boundary between Montana and Idaho are the Centennial and Beaverhead Ranges; in the west, the Bitter Root Range rises from the Bitter Root Valley. To the north the mountainous topography is continued by the Cabinet Range and the Purcell Mountains which also lie along the western border of the state. North of the Bitter Root Valley lie the Flathead Valley, Flathead Lake and the Mission Range and the spectacular glacially-carved mountains and glaciers of Glacier National Park. Stretching eastward and southwestward into the Yellowstone National Park area, and forming the eastern boundary of this Rocky Mountain region are the Lewis Range, the Big Belt and Little Belt Mountains, the Crazy Mountains and the northern end of the Absaroka Range. The Rocky Mountains form the Continental Divide. The Divide enters the state from Canada in Glacier National Park, and after pursuing a sinuous course through the western counties, forms the natural line of demarcation between Montana and Idaho for the southern third of that boundary. The Continental Divide has had several important consequences. First, trans-

portation routes have been forced to converge on a few passes, the most important of which are Marias Pass (elevation 5,216 ft.), through which the Great Northern Railway and U. S. Highway 2 are routed; Rogers Pass (elevation 5,609 ft.), through which State Highway 20 is routed; MacDonald Pass (elevation 6,325 ft.), through which U. S. Highway 10 N is routed; Pipestone Pass (elevation 6,418 ft.), through which the Chicago, Milwaukee, St. Paul and Pacific Railway and U. S. Highway 10 S are routed; Lost Trail Pass (elevation 7,244 ft.), through which U. S. Highway 93 is routed; Monida Pass (elevation 6,923 ft.), through which the Union Pacific Railway and U. S. Highway 91 are routed; Targhee Pass (elevation 7,078 ft.), through which U. S. Highway 191, furnishing access to the West Entrance to the Yellowstone National Park, is routed. Second, the Divide controls the drainage pattern; to the west the waters flow to the Pacific Ocean via the Columbia River and to the east to the Gulf of Mexico via the Missouri-Mississippi River. Third, the Divide and associated mountains exert an influence on Montana's climate; to the west is felt the semi-maritime influence of the Pacific Ocean while to the east the continental influence is dominant.

Stretching across the eastern two-thirds of the state are the Great Plains. Commencing as broad piedmont slopes, more than 3,500 ft. above sea level, the Plains slope gently from the foothills of the Rockies toward the northeastern portion of the state where elevations as low as 1,900 ft. are found along the course of the Missouri River. The stark vastness of the Plains is broken by prominent isolated mountainous areas such as the Bear Paw, Little Rocky, Highwood, Moccasin, Judith, Big Snowy and Big Horn mountains. The levelness of the Plains is further modified by the streams that have entrenched themselves in a dendritic pattern of broad fertile

valleys paralleled by backstepped benches and bluffs.

The mean elevation of Montana is approximately 3,400 ft., the lowest for the Rocky Mountain states, although considerable areas, especially in the western region, have elevations in excess of 5,000 ft. The highest elevation, 12,850 ft., is the summit of Granite Peak in Park County, near the south-central boundary. There are four peaks in excess of 12,000 ft. thirteen in excess of 11,000 ft., and forty-eight in excess of 10,000 ft. The lowest elevation, 1,800 ft., occurs in Lincoln County in the northwest where the Kootenai River leaves the state.

Montana's large area and great differences in elevation and topography result in a highly diverse climate. While the lowest temperature (-70° F.) recorded in the United States occurred in Montana, temperatures in excess of 100 have also been recorded at most of Montana's meteorological stations. Although the annual and daily ranges in temperature are large, and quite low temperatures have occurred, these extremes are unusual. Actually, the climates of Montana's larger cities, during the winter months, are on the average warmer than, or comparable to, those of several major mid-western cities. Average daytime temperatures vary from an average 28 in January to 84.5 in July. Average annual rainfall throughout the State is 15 inches and varies from a minimum of 9.69 inches to over 100 inches on some mountain tops.

#### POPULATION DISTRIBUTION

Montana is a state of great expanses and relatively few people. According to the U. S. Bureau of Census, Series P-25, No. 324, dated January 20, 1966, the provisional estimate of civilian population for Montana as of July 1, 1965, is 696,000. The projected civilian population as of 1971, based on U. S. Bureau of Census Illustrated Projections in their Series P-25, No. 326, dated February 7, 1966, is 753,000 for Montana.

This also indicates that there will be 67,000 persons aged 65 and over as of 1971. On the basis of a total population of 696,000 with an area of 147,138 sq. mi., density amounts to 4.73 persons per square mile. A map showing Montana counties for population distribution appears in Exhibit VIII.

In distributing the population among the counties, the Population Estimates for Montana Counties, July 1, 1964, of the Montana State Board of Health, Division of Records and Statistics, was used. In the absence of information on the projected populations for the counties in the state for 1971, the Population Estimates of the State Board of Equalization were utilized. The Population Estimates by county and region are shown in Exhibit IX. Since the State Board of Health has been designated to develop construction plans for hospitals and medical facilities, the construction of community mental health centers and the construction of mental retardation facilities, the same population figures are used in all three plans.

Due to the distinct topographical variation of Montana from the mountains in the west and the great plains east of the Continental Divide, Montana's counties are considered as being either in the mountain or a plains area. Accordingly, 18 counties are considered in mountain area while 38 counties are in the plains area.

"A Montana Plan for Mental Health Services" states "of the thirty-eight plains counties, eighteen show a decrease in their population. These eighteen counties, without exception, have continued to lost population since 1940 and most have shown a decreasing situation since 1920, some losing as much as 50 percent of their population during this period of time. The twenty remaining plains counties all have urban centers

that have increased in population, thus either maintaining the total county populace at previous levels or causing the county to show an increase.

"Of the 18 mountain counties, six showed a decrease in population. With the one exception of Silver Bow County, these six are classed in 1960 as 100 percent rural communities--their population either being rural, farm or rural nonfarm. The remaining 12 mountain counties all show an increase in population, with much the same pattern of urbanization found in the plains counties serving as the catalyst to growth. Overall, about 44 percent of the plains counties increased in population; progressive urban centers were unquestionably the determining factor in growth of county population."

Additional information relative to population distribution is to be found in the Comprehensive Mental Health Plan referred to above.

#### PROMINENT INDUSTRIES

Agriculture ranks as Montana's most important economic activity. For a period in excess of twenty-five years, farm income has ranged between 15 and 35 percent of total personal income in the state. In 1957 16.5 percent (\$209,000,000) of the total was farm income. In 1940 31.8 percent (58,973) of Montana's labor force was engaged in agriculture; in 1950 the figures were 28.4 percent (54,105). Estimates for the post-1950 years indicate a still smaller percentage. This decrease also evidenced in declining farm population is to be expected in view of the larger farm units and increased mechanization.

In 1954 there were 33,061 farms and ranches in Montana with an average size of 1,859 acres and an average value of land and buildings of \$43,108. Of the total land in farms (61,468,903 acres), 14 percent was crop land harvested, 76 percent was land pastured, and the remainder for the most part was in woodland or in cultivated summer fallow.

Forest industries occupied an important position in Montana's economy, especially in that portion of the state west of the Continental Divide. In 1957 an average of 7,300 Montanans were engaged in logging and in manufacturing lumber and other timber products. This area also produces considerable mineral wealth, livestock and includes several areas of irrigated farm lands and some fruit production.

Although metal mining resources and activities are widely scattered throughout the state, there is a heavy concentration in Silver Bow County in which the Butte district is located. In 1957 Silver Bow County, site of the Anaconda Company operations, produced almost 100 percent of the copper output of the state; 85 percent of the zinc; 72 percent of the lead; 91 percent of the silver; and 83 percent of the gold. Among the noteworthy recent developments in Montana has been the mining of large tonnages of low grade ore in the Butte district by block-caving and open pit methods. A large concentrator is located at Butte with smelters being located at Anaconda and Great Falls. A lead smelter operated by the American Smelting and Refining Company is located at East Helena. A zinc recovery plant is also operated in conjunction with the smelting operations for the production of zinc oxide which is used in the paint and other industries.

An aluminum plant near Columbia Falls in Flathead County was recently placed into operation by the Anaconda Aluminum Company, a subsidiary of the Anaconda Company. A new aluminum rod rolling mill at Great Falls utilizes bars from the Columbia Falls plant.

East of the Continental Divide rolling plains support a "dry lands" agriculture which includes extensive wheat and sugar beet farming and livestock. There is also considerable petroleum production in this area. The total crude oil production in the state in 1957 amounted to approxi-

mately 27,215,000 barrels. While this output was only 1 percent of the total United States production, it was the highest ever recorded for the state and was over three times the 1947 output. Much of the oil produced in Montana is refined in the state. Some goes to mid-western refineries via the recently completed pipelines.

Natural gas produced in Montana in 1957 totaled 32,848,000,000 cubic feet. The Cut Bank field in Glacier County was the largest producer, followed by Cedar Creek, (Fallon County) and Heith (Liberty County). Most of the major cities in the state have natural gas available for domestic and industrial use. Some of the gas consumed in the state is imported from Canadian fields.

There is a wide range in scale of manufacturing operations with small plants dominating. In 1954, 696 establishments had less than 20 employees of which 415 had less than 4; 136 establishments had 2,299 employees; and 36 establishments had 100 or more employees of which 12 had 250 or more employees and 5 had 500 or more. The larger plants (employing 250 or more) were lumber and wood products mills, plants manufacturing chemicals and allied products, a petroleum refinery, a sugar refinery and plants engaged in smelting and refining non-ferrous metals.

Montana has enormous natural resources for the production of electric power. These consist of both water and fuels such as oil, gas and coal. At the present time most of the power generated in Montana is hydroelectric. There are 22 privately owned electric plants in Montana of which 15 are hydroelectric. There are 3 major publically owned electric plants in Montana which produce more than one-half of the total hydroelectric power. Cheap electricity and the ready availability of water has led to the development of a sizable non-ferrous metals and chemical industry.

The tourist industry in Montana has been growing steadily and has become a major revenue producer. Major tourist attractions are Yellowstone

and Glacier National Parks. Recreational activities in Montana cover a wide range. For the more active, there are camping, fishing, hunting, swimming, boating, riding, hiking, mountain climbing and winter sports. For the spectator there are rodeos, horse shows, fairs and Indian festivities; and for the sight-seer there is magnificent scenery as well as many points of interest, historical and otherwise.

Transportation and communications are of extreme importance in Montana because of the great distances both within the state and to centers of activity in other parts of the nation.

Montana is served by three transcontinental railroads. The Northern Pacific, completed in 1883, was the first transcontinental railroad to be constructed through Montana. It follows a central and southern route via Glendive, Miles City, Billings, Livingston, Bozeman, Butte or Helena and Missoula. The second transcontinental railroad was the Great Northern completed in 1893. It traverses the northern portion of the state via Glasgow, Havre, Shelby and Libby, with principal side branches to Great Falls, Billings and Butte. It also serves Glacier National Park. The third transcontinental system is the Chicago, Milwaukee, St. Paul and the Pacific completed in 1909. It parallels the Northern Pacific over a large portion of its length in eastern and western Montana but takes a more northerly route in the central portion through Roundup and Harlowton. This railroad no longer provides passenger service in Montana.

Other major railroads serving the state are the Chicago, Burlington and Quincy entering from Wyoming and connecting with Billings, and the Minneapolis, St. Paul and Sault St. Marie entering from North Dakota in the extreme northeast and extending to Whitetail. Connecting Butte and Anaconda and transporting primarily the products of mines is the Butte,

Anaconda and Pacific Railway. There are several other short lines serving Montana. Exhibit X shows Railroad Passenger Service Routes serving Montana.

Montana's highway system consists of 10,498 miles of paved urban, primary, secondary and interstate highways. These are maintained all year with several passes through which interstate highway systems traverse remaining open to traffic during all months of the year. East-west travel is by interstate Highway No. 90 and 94 across the southern portion of the state; east of the Continental Divide U. S. Highway 12 and 87 serve the central portion of the state while U. S. Highway No. 2 traverses the northern portion of the state from east to west. North-south travel is somewhat restricted due to the mountains and the Missouri River. A map showing Montana's highway system appears as Exhibit XI.

While no county is without a primary road to and from the county seat, there are several areas in the state that have no bus service and resident individuals must depend on personal transportation for travel. Exhibit XII shows Montana Bus Service Routes. Air travel is provided to major cities and communities in the state. Airlines serving Montana and Airline Service Routes appear on the map of Exhibit XIII.

#### SPECIAL PROBLEMS

The special problems relative to Mental Health planning for the state of Montana result partially from the basic geographical structure of the state. The presence of large sparsely populated land areas makes location of centers difficult and suggests that other approaches may have to be sought rather than a comprehensive Mental Health facility as an actual building located in some of these areas. The mountain barriers of the western part of the state preclude areas made up of contiguous counties. Moreover, this geographical distance with its subsequent divergent

economic and cultural development has resulted in a marked variation in attitude toward mental illness and preparedness for the establishment of Community Mental Health Centers.

There is, moreover, sufficient divergence in economic level to make unlikely any uniform support of Mental Health facilities on a local level. There is also concern in many counties regarding their ability to provide more than minimal financial support on the local level for comprehensive Mental Health Centers. Finally, Mental Health planning in Montana is complicated by the lack of facilities and trained Mental Health personnel.

There are seven Indian Reservations in Montana. These are: Flathead, Blackfeet, Rocky Boy, Fort Belknap, Fort Peck, Crow and Tongue River. In 1945, the first Hutterite groups arrived from Canada and there are now several colonies in Montana. The locations of Indian Reservations and Hutterite Colonies are contained in the description of each Mental Health Region.

These special problems have been taken into account throughout the construction program and will have to be continuously reflected in actual service program planning and implementation in the years ahead.

CHAPTER IV  
CONSTRUCTION PROGRAM

A - AREAS, OR MENTAL HEALTH REGIONS

The state has been divided into service areas in accordance with the provisions of Public Law 88-164. In doing so it is recognized that no division can be made which will satisfy all of the needs of each community in the state and still follow the established guidelines and consider important factors such as the boundaries of local units of government. However, careful attention has been given to such important considerations as population, trade areas, geographic regions and natural barriers, location of urban centers, transportation routes and availability of qualified personnel and facilities. In a state which has many sparsely populated areas, it becomes expedient to consider the needs regardless of the population in the area, but fortunately it has not been necessary to deviate greatly from the basic population criteria for any area.

The Federal Regulations under Title II, Public Law 88-164, Part 54, Sub-Part C - Grants for Construction of Community Mental Health Centers, Section 54.203, (2) states that the state plan shall provide that every community mental health facility shall serve a population of not less than 75,000 and not more than 200,000 persons except that the Surgeon General may, in particular cases, permit modifications of this population range if he finds that such modifications will not impair the effectiveness of the services to be provided.

The comprehensive Mental Health Plan entitled "A Montana Plan for Mental Health Services" Page 220 states: "The concept of dividing Montana into the three noted districts, (see Map 9.1), with selected cities as

as possible sites for comprehensive Mental Health Centers, evolved after considerable effort from both statistical and less objective evaluatory methods was expended. It might appear from cursory examination that three districts, for a geographical area as large as Montana, are not nearly enough. However, when considered in the light of other delimiting factors, e. g., population served, transportation, service areas, etc., these districts as delineated are, in the opinion of the Planning Committee, the most practical that can be presented at this time. Any plan that is to be truly "comprehensive" for Montana must be cognizant of the problems of the state's rural population as well as the urban. In the opinion of the Planning Committee, these districts as outlined consider the needs of Montana and her people as well as can be done for the present and for the predictable future."

The three districts or regions described above are shown as having populations as follows: Western (Missoula) 207,831; Northern (Great Falls) 244,428; and Southern region (Billings) 222,461. Since the populations of these regions exceed the population requirements of Section 54.203 of the Federal Regulations, it was necessary to delineate regions conforming with the requirements of the Regulations. After conferring with the Montana Mental Health Authority, it was determined to delineate five regions with populations conforming with those specified in the Federal Regulations. These five regions are very similar to the regions used under the Hill-Burton State Plan for Hospital and Medical Facilities Construction, the only difference being that boundary lines follow county lines rather than dividing some counties. The rationale used in arriving at the divisions is stated briefly in the discussion concerning each area.

For Mental Health planning, county boundaries have been followed since various mental health services are now administered through county boards and officers. Also, the county has historically assumed a more significant role in Montana than in other parts of the country, and the importance of this unit of local government has become greater with the expansion of urban areas beyond the limits of municipalities.

A map showing the five Mental Health Regions developed for the planning of the construction of Community Mental Health Centers appears as Exhibit XIV. It should be noted that each region, with the exception of Region V, contains within its boundaries a Mental Health Clinic (although such clinics do not in all cases serve all counties within their respective regions). Each region contains at least one institution of higher learning with the exception again of Region V which has junior colleges only located at Miles City and Glendive. Finally, each region has at least a few general hospitals as well as organized local medical societies, although not all individual counties have physicians.

Each region has at least a few reasonably populated cities and towns which already serve as economic and medical centers for care. Each region has at least 100,000 persons with the largest having 160,600 persons which meets the requirements of the Federal Regulations which require that the Community Mental Health facilities serve not less than 75,000 and not more than 200,000 persons.

Exhibit IX gives the population estimates of the various regions and their component counties. Exhibits X, XI, XII and XIII show the major transportation systems within the five regions.

It is recognized that Mental Health needs vary considerably from those in the general hospital service area. While the services required

for the emotionally disturbed and the mentally ill are much more diversified, it is obvious that communities will plan to utilize the services of the general hospitals for inpatient care. To this end hospitals in the larger communities should provide facilities and services for inpatient utilization.

Since the discussion of the general characteristics of the state includes a somewhat detailed review of topographical features and significance, the discussion of each area which follows this introductory statement contains a review of geographic and topographic features only when they are of major significance in planning local programs.

#### REGION I - Northwestern.

This region is composed of the entire counties of Lincoln, Flathead, Lake, Sanders, Mineral, Missoula and Ravalli counties. This region has an estimated population of 129,800 with a projected population of 140,600 in 1971. The estimated number of persons aged 65 and over is 13,857.

This region is composed of some of the most rugged terrain in the United States. The transportation routes run along the valleys parallel to the mountain ranges. East-west travel in the northern portion of the region serving Lincoln and Flathead counties is U. S. Highway No. 2. The central portion consisting of Missoula and Mineral counties is served by Interstate 90 for east-west travel, while U. S. No. 10A serves Missoula and Sanders counties for east-west travel. North-south travel is by U. S. Highway 93 through Ravalli, Missoula, Lake and Flathead counties. Railroad service in the northern portion of the region, Lincoln and Flathead counties, is by the Great Northern Railway which has two trains daily traveling east and west, in both directions. These are transcontinental trains between Seattle, Portland and Chicago. Missoula and Sanders counties are served by two trains daily going both directions east and

west between Seattle, Portland and Chicago. The city of Missoula is served by the Northwest Airlines for east-west travel and also one flight between Missoula and Great Falls. Kalispell is served by the West Coast Airlines providing service between the Pacific Northwest and Great Falls, Montana. Bus service to the greater part of the area is provided in both east-west and north-south directions.

With minor exceptions, industry is confined to lumber, wood products, limited mining, agriculture, fruit growing, livestock, dairying and manufacturing. Missoula is the trade center for western Montana and is the location of the University of Montana and the U. S. Forest Service. It is also considered as a medical center for western Montana.

The Flathead Indian Reservation is located in this region.

#### REGION II - Northern.

This area is comprised of Glacier, Toole, Pondera, Liberty, Hill, Blaine, Phillips, Teton, Chouteau, Cascade and Judith Basin counties. The estimated population of the region is 160,600 with a projected population of 178,500 in 1971. There are an estimated 13,258 persons aged 65 and over, at the present time, this same figure being projected to 1971. This area lies east of the Continental Divide, is relatively flat, and the beginning of the Great Plains.

The area has diversified industries, including agriculture, livestock, smelting, flour milling, oil refining, and some manufacturing. There are two major population centers in this region -- Great Falls and Havre.

Great Falls is the largest city in the state of Montana. Located at Great Falls are the College of Great Falls, Smelter and Electrolytic Plant of the Anaconda Mining Company, and the Air Force Base. The Montana Power Company has a series of dams for the generation of electric power. Great Falls is the trade center for northern Montana and is also considered as

the medical center for this region. Havre is the second largest city in the region and is a division point on the Great Northern Railroad. The Northern Montana College is located at Havre.

Travel is mostly in an east-west or west-east direction with travel to the south restricted by the Missouri River, there being only one main highway between Great Falls and Wolf Point that crosses the River. The highway system consists of U. S. No. 2 for east-west travel and Highways 89, 91 and 87 for north-south travel. The only other north-south highway is U. S. 191 from Lewistown to Malta. Railroad passenger service is by the Great Northern Railroad which operates two transcontinental trains daily in both directions, east and west. There is generally good bus service in this area. Great Falls serves as the hub for airline service in Montana, being served by four airlines for travel in all directions. Frontier Airlines operates between Great Falls, Havre, Glasgow, Wolf Point, Sidney and points in North and South Dakota.

There are three Indian Reservations in this region: The Blackfeet in Glacier County, the Rocky Boy in Hill County and the Fort Belknap in Blaine County. This region also has a concentration of Hutterite Colonies, there being three in Teton County, two in Toole County, and one each in Pondera, Glacier, Liberty, Hill and Blaine Counties.

### REGION III - Southwestern.

This region consists of Lewis and Clark, Jefferson, Broadwater, Meagher, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison and Gallatin counties. It has an estimated population of 154,000 with a projected population of 167,500 in 1971. There is an estimated population of 15,992 persons aged 65 and over at the present time and projected to 1971.

This area lies predominantly east of the Continental Divide and is mostly in mountainous areas. Here, again, the transportation routes run along the valleys parallel to the mountain regions. The main trade centers in this area are Butte, Helena and Bozeman. The industries in the region include agriculture, livestock, meat packing, smelting, oil products distribution, mining, logging and lumber products, and some manufacturing.

The largest city in the region is Butte. The operations of the Anaconda Copper Mining Company are at Butte and Anaconda. These include mining, milling, smelting and refining. Other industries include agriculture, livestock, meat packing, logging and wood products and some manufacturing. The Montana College of Mineral Science and Technology (formerly Montana School of Mines) is located at Butte. It is also the trade center and medical center in the area.

Helena is the second largest city in the region. It is the location of the State Capitol and various Federal offices. The Veteran's Administration operates a hospital at Fort Harrison (approximately six miles west of Helena). Helena is also the location of Carroll College.

Bozeman is the third largest city in the region and is the location of the Montana State University.

There are good highways between cities and towns in the area. East-west highways include Interstate 90 and U. S. Highway 12 and 287. North-south travel is by Interstate 15, U. S. 91, 287 and 10. Railroad passenger service is by the Northern Pacific Railroad for travel east and west, while the Union Pacific operates south to Salt Lake City from Butte. Airline service in all directions is available by Western Airlines and Northwest Airlines from Helena, Butte and Bozeman.

There are two Hutterite Colonies located in Meagher County, one near White Sulphur Springs and one near Martindale.

REGION IV - Southern.

This region includes Fergus, Petroleum, Wheatland, Park, Sweet Grass, Golden Valley, Musselshell, Stillwater, Yellowstone, Treasure, Carbon and Big Horn counties. This area comprises both mountainous and plains areas with good transportation routes. It has an estimated population of 145,600 with a projected population of 161,800 in 1971. There is an estimated 13,963 persons aged 65 and over. This estimate is for the present as well as for the projected number in 1971. The area has diversified industries including agriculture, livestock, livestock marketing, meat packing, sugar refining, oil refining, trucking, mining and some manufacturing.

The largest city in the area is Billings. It is the medical center and trade center for south central Montana and northern Wyoming. Billings is also the home of Eastern Montana College and the Rocky Mountain College. The larger communities in the region are Lewistown and Livingston. Other communities, though somewhat smaller, are Big Timber, Columbus, Red Lodge and Harlowton, Roundup and Hardin.

Travel in general is by good highways which include Interstate No. 90 and 94, and U. S. 12 for east-west travel, and for north-south travel U. S. Highway 89, 212, 310, 87 and 191. East-west railroad travel is by the Northern Pacific Railway, while travel to the south is by the Burlington Railroad. Air service is provided by Frontier Airlines and Northwest Airlines into Billings for service in all directions. Lewistown is served by Frontier Airlines. Bus service in the area is also good.

A Hutterite Colony is located near Harlowton in Wheatland County. The Crow Indian Reservation and a portion of the Tongue River Indian Reservation are located in Big Horn County.

## REGION V - Eastern.

This region consists of Valley, Daniels, Sheridan, Roosevelt, McCone, Richland, Dawson, Prairie, Wibaux, Garfield, Rosebud, Custer, Fallon, Powder River and Carter counties. This is relatively plains area with generally good travel routes. It has an estimated population of 106,000 with a projection of 104,600 in 1971. There are an estimated 9,930 persons aged 65 and over.

The chief industries in the area are agriculture, livestock, sugar beet growing, sugar refining and oil production. The larger communities in the area are Miles City, Glendive, Glasgow and Sidney.

The area in general is served by good travel routes. However, Garfield, Powder River and Carter counties are somewhat isolated. The only means of communication and travel is by highway. East-west highways include Interstate No. 90, and U. S. 12. The northern portion is served by U. S. No. 2. The north-south travel in the northern portion of the region is by State Route 247, 13, 16 and 24. The southern portion of the region is served by U. S. 212, 312, and State Routes 7 and 22. Garfield, Powder River, and Carter counties have no bus, railroad or air service. Frontier Airlines provides service to Miles City, Glendive, Sidney and Glasgow.

There are two junior colleges in the region, one being located at Miles City, and the other at Glendive. A Veteran's Administration Hospital is located at Miles City.

The Fort Peck Indian Reservation is located mostly in Roosevelt County with portions in Valley, Daniels and Sheridan Counties. A portion of the Tongue River Reservation is located in Rosebud County.

## B. INVENTORY OF FACILITIES

Section 204, (a), (4) of Public Law 88-164, Title II, states that the State Plan must set forth a program for construction of community Mental Health Centers which is based on a state-wide inventory of existing facilities, and survey of need. For purposes of the State Plan, the inventory consists of psychiatric facilities, other mental health facilities, auxiliary facilities, and manpower.

A psychiatric facility is an organization which has as its primary concern the care, treatment and rehabilitation of the mentally ill or retarded, in which there are psychiatrists who assume medical responsibility for all patients with a primary diagnosis of mental disorder. The inventory of psychiatric facilities appears in Exhibit XVI. The Area Summary of Psychiatric Facilities appears in Exhibit XVII.

Other mental health facilities differ from psychiatric facilities only by the fact that they do not have psychiatrists who assume medical responsibility for all patients with a primary diagnosis of mental disorder. The inventory of these facilities appears in Exhibit XVIII.

The third category, auxiliary facilities, are not inventoried at this time since it is not possible to develop a meaningful inventory of these facilities. Auxiliary facilities are those which often play an important roll in the care, treatment and rehabilitation of the mentally ill and include such facilities as sheltered workshops, nursing homes, foster homes, and chronic disease hospitals.

The Inventory of Manpower, Exhibit XIX gives the number of psychiatrists, psychologists, social workers, mental health nurses and psychiatric aides. These figures reflect the number of mental health professionals within mental health settings or employed in mental health capacities.

It does not include psychologists and social workers who are not working in mental health capacities.

The following is a brief summary of the facilities in each region of the State:

Region I, Northwestern.

This region is served by the Missoula Mental Hygiene Clinic which is located in the University Health Center of the University of Montana at Missoula. At the present time the staffing is by a part-time psychiatrist, a part-time psychologist, and a full-time social worker. The St. Patrick Hospital at Missoula reports that they do not have facilities for mental-nervous or tuberculosis and disease-of-chest patients.

Region II, Northern.

This region is served by the Mental Health Clinic at Great Falls which is staffed by a full-time psychiatrist, a full-time psychologist and two social workers. Inpatient services are provided at the Montana Deaconess Hospital at Great Falls. This is a new hospital which was opened to receive patients on March 14, 1965 and contains a psychiatric unit which is on a separate floor and has 33 beds. The four psychiatrists located in Great Falls are on the hospital staff. The psychiatric unit is staffed by 7 full-time and 5 part-time nurses and 6 full-time psychiatric aides. Other professional staff include 3 full-time and 1 part-time person.

Region III, Southwestern.

This region has the highest concentration of mental health facilities in the State, with the Montana State Hospital at Warm Springs which serves on a state-wide basis, and mental hygiene clinics at Butte and Helena.

The Montana State Hospital at Warm Springs, in its annual report, showed that 1,690 beds were utilized for inpatient service for the calendar

year 1965. The State Hospital is staffed by 10 full-time psychiatrists, 3 full-time psychologists, 4 full-time social workers, 29 full-time and 9 part-time nurses and 38 student nurses. There are 302 psychiatric aides, 24 licensed practical nurses, 2 physicians, 3 occupational therapists, and 7 occupational therapy aides. Part-time staffing also includes 1 dentist and 3 physicians.

A survey of the State Hospital was conducted on October 27 and 28, 1964, and this showed that on the basis of 70 sq. ft. per bed, the hospital has a capacity of 1,467 beds. The minimum area requirements per bed were based upon "Standards for Hospitals and Clinics" of the American Psychiatric Association. At that time those beds which conformed to fire and structural regulations and to space allocation standards set by the American Psychiatric Association numbered 456.

Patients are housed in 17 buildings which were constructed between the years 1904 and 1949. The receiving hospital, the newest patient facility, was completed in 1959. In applying Hill-Harris modernization standards to the hospital, there are 1,343 beds which are non-conforming, leaving 136 beds conforming. Several of these buildings are of ordinary construction and are in need of complete replacement.

The Mental Hygiene Clinic, 129 West Park Street, Butte, is an outpatient clinic with part-time staffing furnished by the State Hospital, consisting of 2 psychiatrists, 2 psychologists and 2 social workers, with each spending 1 day per week at the clinic. This represents a total of 16 man hours per week for each professional discipline.

The Mental Hygiene Clinic of Helena is located at 555 Fuller Avenue. This is an outpatient clinic staffed by a full-time psychiatrist, a full-time psychologist, and 1 social worker half-time.

The new St. Peter's Hospital, currently under construction at Helena, will have a 10-bed psychiatric unit when it is completed late in 1967 or early 1968.

Region IV, Southern.

This region is served by the Billings Mental Hygiene Clinic located at 2911 8th Avenue North and by a psychiatric unit in the Billings Deaconess Hospital.

The Billings Mental Hygiene Clinic is an outpatient clinic staffed by a full-time psychiatrist, a full-time psychologist and a full-time social worker. The Billings Deaconess Hospital has an 8-bed psychiatric unit which is staffed by 2 full-time and 2 part-time nurses and 4 full-time and 3 part-time psychiatric aides. There are 4 psychiatrists in practice in Billings who serve on the hospital's medical staff.

Region V, Eastern.

This region has 1 psychiatrist with no mental health facilities in the area.

C. SURVEY OF NEED AND RANKING OF AREAS

It is required that the State Plan shall rank the areas of the State according to their relative need for community mental health services. "Relative need" refers to the degree to which the mental health needs of an area are unanswered by the existing resources.

A memorandum dated October 20, 1966 from the Director, National Institute of Mental Health to Regional Health Directors outlined a procedure to be followed by the states for an approvable priority system. This memorandum required that the general requirements for survey of need and ranking of areas be followed and that as a minimum the four following categories be considered:

## 1. Population Characteristics

(a) Population density per square mile. Information regarding the land area in square miles for each Montana county was obtained from Table 6 of the Montana Volume of the 1960 Federal Census.<sup>1</sup> County populations used were those made by the Division of Records and Statistics, Montana State Board of Health for July 1, 1965. Population density was computed by dividing the estimated population of the county by the land area in square miles. In computing the mean population density for mental health regions, a weighted average was used. This involved multiplying the population density for each county by the land area of the county. The sum of the county products was then divided by the total land area in square miles for the region. This was done so that the population density for both large and small counties would be properly represented in the average. The regional population densities were then ranked; the highest density was given a rank of 1, indicating the greatest need.

(b) Dependency ratio. The dependency ratio is the sum of the population under 15 and over 64 divided by the number of people aged 15 through 64. Data on county populations by age were obtained from Table 27 of the 1960 Federal Census.<sup>2</sup> The ratio was calculated for each county. Regional dependency ratios were calculated by weighting the dependency ratio by the

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<sup>1</sup>

1960 Census of Population, Vol. 1, Characteristics of the Population, Part 28, Montana.

<sup>2</sup>

Ibid.

population aged 15 through 64 for each county. The weighting was accomplished by multiplying the dependency ratio for each county by the county population aged 15 through 64. The sum of these products for all counties in a region was divided by the total population aged 15 through 64 for the region. Regional mental health dependency ratios were ordered with the highest value given the rank of 1 indicating the greatest need.

(c) Population per household. The average number of persons living in each household for each county was obtained from Table 28 of the 1960 Federal Census.<sup>3</sup> The average number of households per mental health region was obtained by weighting county data. This was done by multiplying the population per household for each county by the number of households in the county. The sum of the county products for each region was divided by the total number of households in the region. The populations per household for mental health regions were ordered with the highest value given the rank of 1, indicating the greatest need.

## 2. Socio Economic Characteristics

(a) Median family income. The median family income was obtained for each county in each region from Table 86 of the 1960 Federal Census Report.<sup>4</sup> Regional median incomes were computed by weighting the median incomes for each county by the county population. The weighting procedure used is similar to that employed in weighting the variables under population characteristics. The lowest value indicates

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<sup>3</sup>

Ibid.

<sup>4</sup>

Ibid.

greatest need.

(b) Percent of families with income over \$3,000. Information regarding this variable was also obtained from Table 86 of the Federal Census Report.<sup>5</sup> The percentage was obtained by summing the number of families with incomes under \$3,000 and dividing this by the total number of families in the county. The quotient was then multiplied by 100. Regional values were obtained by weighting county values by the number of families. The weighting procedure used followed that explained above. This variable was ranked so that the region with the lowest value was assigned rank 1.

(c) Median education level of adults 25 years and older. This variable was again from the 1960 Census Report.<sup>6</sup> Since the median education for all persons 25 years of age and over is not given for each county, it was necessary to compute this value. This was done by multiplying the median school years completed for males 25 years of age and over, by the number of males in this age group. To this was added the median school years completed for females multiplied by the number of females 25 years of age and over. The sum of these products for both sexes in each county was divided by the total number of persons 25 years of age and over in the county. This procedure was employed in order to assure that the median school years completed for each county properly reflected the sex distribution of the county.

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5

Ibid.

6

Ibid.

The median school years completed for each region was calculated by weighting the median school years completed for each county by the number of persons 25 years of age and over in the county. This variable was ranked so that the low value received 1, indicating greatest need.

### 3. Mental Health Resources

- (a) Mental health facility measure. The National Institute of Mental Health recommended that this be determined on the rate of inpatients under care in all inpatient facilities listed in the inventory per 1,000 population of the catchment area and the rate of patients under care in outpatient clinics and community mental health facilities per 1,000 population of the catchment area. In developing the inventory of mental health facilities, it was requested that each facility report the number of both inpatients and outpatients by place of residence. Since all of these facilities were unable to give a breakdown of the number of patients by place of residence, it was not possible to use this variable. In lieu of this a variable of the number of clinics in each region was used. On this basis the variables were rated so that the low value ranked 1, indicating the greatest need.
- (b) Number of professional manpower per 1,000 residents of the catchment area. In this variable the number of professional manpower (psychiatrists, psychologists and social workers) was determined for each region with the number of each profession divided by the population of the region. The

manpower data was taken from the State-wide Inventory of Manpower, Exhibit XIX. In each of the professions the lowest value was ranked 1, indicating the greatest need and the sum for each region determined. Here, again, the low value was ranked 1, indicating greatest need.

#### 4. Social Problem Indicators.

(a) Relief or welfare recipients. The number of welfare recipients in each county was obtained from the "Statistical Report" of the Montana Department of Public Welfare. Data used were for the months January, June and December 1965. The sum of the number of welfare recipients for these months was divided by the estimated population for each county multiplied by 1,000 to obtain a rate per 1,000 population. These rates were weighted by total county population in obtaining average rates for mental health regions. The weighting procedure used was similar to that explained previously. The highest value was ranked 1, indicating greatest need.

(b) Infant mortality. Five-year infant mortality rates for 1961-1965 for Montana counties were obtained from the Division of Records and Statistics of the State Board of Health. The infant mortality rate is the number of deaths under one year of age divided by the number of live births during the same period. This quotient is multiplied by 1,000. This gives the number of infant deaths per 1,000 live births. To obtain infant death rates for mental health regions, the county infant death rates were weighted

by number of live births during the period. The highest infant death rate was ranked 1, indicating greatest need.

(c) Suicide and homicide rates. The suicide and homicide rates per 100,000 population for each county for 1961-1965 were obtained from the Division of Records and Statistics of the State Board of Health. Again, a weighted average for each cause was calculated for each region utilizing total county population as the weighting factor. The weighting procedure is similar to that described previously. Each variable was ranked by region. The highest rate received rank 1, showing the greatest need.

The final priority determination was reached by taking the sum of ranks of all variables by region. Since no reason could be seen for giving one variable more weight than another, the variables were assigned an equal weight of 1. The lowest sum receiving a rank of 1 indicated greatest need and thus the highest priority. Where the sum of ranks for regions were equal, the regions were given equal rank.

The statistical data applied to the variables, ranking of variables, and priority system summary appear in Exhibits XXI A, B, C, D and E.

With the priority for projects based on a ranking of relative need, construction projects from each region will be approved as follows:

Region V, Eastern - 1  
Region I, Northwestern - 2  
Region II, Northern - 3  
Region III, Southwestern - 4  
Region IV, Southern - 4

D. PROBABLE LOCATION OF, AND RELATIVE NEED FOR, PROJECTS.

The Federal Regulations in Section 54.203 state that the State Plan shall provide for the following elements of service which are necessary to provide adequate mental health services for persons residing in the State, which shall constitute the elements of comprehensive mental health services:

- (1) Inpatient services;
- (2) Outpatient services;
- (3) Partial hospitalization services, such as day care, night care, weekend care;
- (4) Emergency services 24 hours per day must be available within at least one of the first three services listed above;
- (5) Consultation and education services available to community agencies and professional personnel;
- (6) Diagnostic services;
- (7) Rehabilitative services, including vocational and educational programs;
- (8) Pre-care and after-care services in the community, including foster home placement, home visiting and half-way houses;
- (9) Training;
- (10) Research and evaluation.

Public Law 88-164 in Section 401 (c) states "The term community mental health center means a facility providing services for the prevention or diagnosis of mental illness or care and treatment of mentally ill patients or rehabilitation of such persons which services are provided principally for persons residing in a particular community or communities in or near which the facility is situated."

This definition is expanded in the Federal Regulations under Section 54.201 which states "Community mental health facility means a community mental health center (as defined in Section 401 (c) of the Act) for the provision of services which, either alone or in conjunction with other facilities owned or operated by the applicant or affiliated or associated with the applicant, will be part of a program providing, principally for persons residing in a particular community or communities in or near which the center is situated, at least those essential elements of comprehensive mental health services that are prescribed by Section 54.212."

The essential elements of comprehensive mental health services as given in Section 54.212 of the Federal Regulations are:

- (1) Inpatient services;
- (2) Outpatient services;
- (3) Partial hospitalization services--must include at least day-care service;
- (4) Emergency services provided 24 hours per day must be available within at least one of the first three services listed above;
- (5) Consultation and education services available to community agencies and professional personnel.

From the above it follows that a regional mental health center must provide all essential elements of service.

A mental health clinic, in contrast to a community mental health center, is one that provides at least two of the essential elements of comprehensive mental health services.

In order to insure that the services of a facility are part of a program, the Regulations state "To the extent that the services to be provided within the proposed facility do not constitute a program providing at least the essential elements of comprehensive mental health services, the application shall demonstrate to the satisfaction of the Surgeon General that the services to be provided within the proposed facility will be part of such a program."

A program for providing at least the essential elements of comprehensive mental health services must take into consideration the needs of all age groups, assure continuity of care for patients and assure that the relationship between the individual elements of the services meets the following criteria:

(1)

- (i) That any person eligible for treatment within any one element of service will also be eligible for treatment within any other element of service;
- (ii) That any patient within any one element can and will be transferred without delay to any other element (provided that adequate space is available) whenever such a transfer is indicated by the patient's clinical needs;
- (iii) The clinical information concerning a patient which was obtained within one element be made available to those responsible for that patient's treatment within any other element;

- (iv) That those responsible for a patient's care within one element can, when practicable and when not clinically contraindicated, continue to care for that patient within any of the other elements; and,
- (v) In cases where two or more of the individual elements of services are provided by different organizations, agencies, or persons, the relationships between the individual elements must be evidenced by appropriate contracts or other formal written agreements (copies of which must accompany the application) among the various organizations, agencies, or persons which make specific provisions for assuring compliance with the criteria set forth in this section.

(2) That a qualified psychiatrist will be responsible for the clinical program, and the medical responsibility for every patient will be vested in a physician.

(3) That general practitioners and other non-psychiatric physicians in the community served by the program will be allowed, when qualified, to follow and assist in the care of their patients on the various services of the program provided they are working under the supervision of a member of the psychiatric staff of the service.

(4) That the services of the program will not be denied to any person residing within the area served solely on the ground that such person does not meet a requirement for a minimum period of residence in such area.

In addition to the foregoing, the Federal Regulations require that any facility constructed with Federal financial assistance under this Plan provide a community service and also provide needed services for persons unable to pay therefor.

Exhibit XX shows a proposed coordinated plan for mental health services in Montana. This shows a goal to provide mental health services offering both readily available care and continuity of care. This is conceived in terms of providing care on a local basis with community programs in terms of relative distance between patient and service. It is local in terms of its planning and implementation and it is up to the individual communities to develop a project which will meet their own needs. Furthermore, it is local in terms of operation since the functioning community mental health center requires a close linkage with the other service agencies in the community. It is reasonable to expect that the community mental health center will have a close working relationship with a local general hospital.

The coordinated plan proposes additional community mental health clinics in addition to those presently located at Missoula, Helena, Butte, Great Falls and Billings, these to be established at Kalispell, Bozeman, Havre, Glasgow and Miles City.

The importance of the general hospital for the treatment of the mentally ill should not be overlooked. It is recognized that there are many problems which must be overcome as the general hospital expands its role in community mental health programs.

In a speech prepared for the 67th Annual Meeting, American Hospital Association at San Francisco, Alan I. Levenson, M. D., of the National Institute of Mental Health stated "There are many problems which must

be overcome as the general hospital expands its role in community mental health programs. Inpatient care for the mentally ill presents some particularly pressing problems. Basically, the problems arise because the mental patient is ambulatory. Unlike the typical patient on the general, medical or surgical ward, the mental patient spends very little of his time in bed. Instead, his daily routing requires a considerable amount of that most precious commodity of all--space. He needs space for a day-room to provide for informal contacts with other patients. He needs a separate dining area on the unit itself, or in many cases, he is better served by having a central cafeteria. Outside the building he needs grounds at least for walking, and preferably he needs room for sports as well."

In this respect, three Montana hospitals already have psychiatric units, namely, Montana Deaconess Hospital, Great Falls; St. Peter's Hospital, Helena; and the Billings Deaconess at Billings. Also worthy of note is the fact that every community hospital in the state has an isolation room which also serves a dual purpose, namely, to take care of disturbed patients.

It must be remembered that inpatient care does not alone constitute a mental health center. To qualify for Federal funds for a comprehensive community mental health center, the full range of essential services must be provided. In some communities a group of agencies may be combined to provide them. In other communities, however, the mental health center may be entirely located within a general hospital. Under these circumstances it is necessary for the hospital to begin many entirely new programs. Outpatient services and emergency wards are familiar to the general hospital setting. But day care facilities and community consultation programs may be very unfamiliar.

A day program involves providing services for patients during the day while they continue to sleep at home at night. It is quite possible for such a day program to be established simply as an administrative arrangement within the context of an ongoing inpatient psychiatric service. Under such an arrangement the patients who live at the hospital would be joined during the day by others who come in only between the hours of 9 and 5. An alternate arrangement would be a completely separate day hospital unit with its own physical plant, and its own staff.

The same variety is also possible for psychiatric emergency services. In its simplest form such an emergency service consists of having a psychiatrist who is a member of the hospital staff available to come in for emergency consultations on a 24-hour-a-day basis. Ready availability of service is one of the principle roles of a community mental health center.

It is clear that a general hospital can introduce psychiatric emergency services and day programs into already ongoing functions. The same holds true for consultation services. General hospital psychiatric units have always provided consultation to other services in the hospital and this obviously constitutes a very basic and a very important kind of community consultation.

It must be recognized that every community mental health center will face the problem of providing staffing for its operations regardless of its organizational arrangements. In Montana, as in other states, there is a shortage of manpower for the staffing of mental health facilities, as can be seen in the State-wide Inventory of Manpower, Exhibit XIX. It will therefore require community effort to attract professional people by making the community attractive and being willing to compete with other areas of the country on salary.

Public Law 89-105 authorizes grants to community mental health centers to cover a portion of the salary costs during the first fifty-one months of operation. The Federal funds can cover up to 75 percent of the technical and professional salaries during the first fifteen months of a program's operation. This support is then reduced to 60 percent for the next twelve months, again to 45 percent for the following twelve months, and then is reduced to 30 percent for another twelve months.

Eligibility for staffing money is not determined by participation in the construction grant program. A community mental health center is eligible for staffing funds whether or not it was constructed with the help of Federal money. The use of Federal funds for construction is not a prerequisite for obtaining staffing funds.

Staffing money is available only for new services within the community mental health center. This requirement is obviously to encourage the development of facilities which provide a full range of essential services. This may well be of particular significance to the general hospital which plans to expand its psychiatric facilities to include the other elements of a community mental health center.

#### Probable Location of Projects

Exhibit XX suggests a coordinated plan for mental health services in Montana. The map shows the probable location of comprehensive mental health centers in each region. A brief description of each region with the construction priority rating assigned is as follows:

Region I, Northwestern - This region is served by community hospitals located at Libby, Whitefish, Kalispell, Hot Springs, Superior, Polson, Ronan, St. Ignatius, Missoula and Hamilton. Nursing homes are located at Kalispell, Hot Springs, Polson, Ronan, St. Ignatius, Missoula and

Hamilton. Missoula is the probable location for a mental health center, since it is the trade center for northwestern Montana, the medical center and the location of the University of Montana. Consideration should be given to the establishment of a mental hygiene clinic at Kalispell. This region has Priority 2 under this Plan.

Region II, Northern - Each community in this region with the exception of Chinook and Stanford has a community hospital with nursing homes located at Cut Bank, Shelby, Chester, Havre, Harlem, Conrad, Fort Benton, Choteau, and Great Falls. The region is currently served by the Mental Hygiene Clinic at Great Falls and a psychiatric unit in the new Montana Deaconess Hospital at Great Falls. Consideration should be given to the establishment of a mental hygiene clinic at Havre. Great Falls is the trade center and medical center for this region and is the probable location for a community mental health center. This region has Priority 3 under this Plan.

Region III, Southwestern - This region is served by community hospitals located at Helena, Deer Lodge, Philipsburg, Anaconda, Butte, Dillon, Sheridan, Ennis, Bozeman, Townsend and White Sulphur Springs. Nursing homes are located at Helena, Anaconda, Butte, Sheridan and Bozeman. Mental hygiene clinics are located at Helena and Butte. Due to the proximity of the Montana State Hospital, high utilization of the facility is from residents in this region. In the planning of additional mental health services in this region, consideration should be given to the establishment of a mental hygiene clinic at Bozeman. The probable location of a community mental health center would be either Butte or Helena. This region has Priority 4 under this Plan.

Region IV, Southern - This region is served by community hospitals located at Lewistown, Harlowton, Roundup, Big Timber, Columbus, Red Lodge,

Hardin and Billings. Nursing homes are located at Lewistown, Roundup, Big Timber, Columbus, Hardin, and Billings. The Montana Center for the Aged at Lewistown serves on a state-wide basis with patients being transferred back and forth between the Montana State Hospital at Warm Springs. Petroleum and Golden Valley counties have no facilities nor physicians located within these counties. Mental health facilities include the Billings Mental Hygiene Clinic and inpatient beds as a psychiatric unit at the Billings Deaconess Hospital. The probable location of the community health center is Billings since this is the trade center for the region as well as northern Wyoming, as well as the medical center. This region has Priority 4 under this Plan.

Region V, Eastern - This region is served by community hospitals at Scobey, Plentywood, Glasgow, Wolf Point, Poplar, Culbertson, Jordan, Circle, Sidney, Glendive, Forsyth, Miles City, Terry, Baker and Ekalaka. Nursing homes are located at Scobey, Wolf Point, Poplar, Circle, Sidney, Glendive and Baker. A nursing home addition to the Dahl Memorial Hospital at Ekalaka is currently under construction. There are currently no facilities for mental health services in this region. Consideration should be given to the establishment of mental hygiene clinics at Glasgow and Miles City. The probable location for a community mental health center is either at Miles City or Glendive. If the center were located at Glendive, it would be more centrally located for all communities in the region. This region has the top priority under the State Plan, that is Priority 1.

CHAPTER V  
RELATIONSHIP TO OTHER PLANNING EFFORTS

The Governor, in 1963, directed the State Mental Health Authority to develop a comprehensive mental health plan for Montana and the State Board of Health to administer the construction phase of the Federal Community Mental Health Centers Act.

The Montana State Board of Health was designated by the Governor in May 1964 as the Mental Retardation Planning Agency for Montana. Mary E. Soules, M. D., MPH, Director of the Division of Disease Control, State Board of Health, was named Director of the Mental Retardation Planning Program by John S. Anderson, M. D., MPH, Executive Officer of the State Board of Health, and Mrs. Maxine S. Homer, Health Education Consultant was named the Coordinator. Dr. Anderson also named Robert J. Munzenrider, Director of Hospital Facilities, to be in charge of the construction phase of the program.

The Executive Officer and various division directors of the State Board of Health have participated in a major degree in the formulation of the committees of mental health and mental retardation. Since the State Board of Health has been administering the Hill-Burton program in Montana since 1947, there is a correlation between the three construction programs.

John S. Anderson, M. D., Executive Officer, Montana State Board of Health; Floyd A. Green, Director, State Department of Institutions; and Stanley J. Rogers, M. D., Director, Montana State Hospital, and the State Mental Health Authority are members of the Governor's Joint Committee on Mental Health and Mental Retardation, Exhibit XXII. Members of the Hospital, Medical and Related Facilities Advisory Council also serving on

the Governor's Joint Committee are Miss Elizabeth Haynen, Great Falls; A. W. Scribner, Helena; Leonard Kuffel, M. D., Missoula; Mrs. Thomas Payne, Missoula; and Bryce Hughett, M. D., Billings.

In developing the State Construction Plan there was close coordination with the State Department of Institutions, the Montana Department of Public Welfare, the State Mental Health Authority, the State Department of Public Instruction, the Division of Vocational Rehabilitation of the State Board of Education, and the former project director of the Montana Mental Health Planning Committee. Material from the Comprehensive Mental Health Plan and the Mental Retardation Plan has been used in the preparation of this Plan.

There are no organized areawide planning groups for hospitals and related health facilities in Montana at the present time. The Areawide Health Facilities Planning Committee, Missoula, Montana, is currently conducting a study involving health facilities in the Northwest Region of the State designated as Region I. The State Board of Health, at its March 5, 1966 meeting, concurred in a recommendation made by the Advisory Council that various county medical associations form a council for area-wide planning for the purpose of providing better health facilities in the communities of the State.

At the present time there is no interstate planning with the surrounding states. It appears that there should be interstate planning, as a minimum, with the State of North Dakota and the State of Wyoming.

CHAPTER VI  
METHODS OF ADMINISTRATION

A. Publicizing the State Plan

The Federal Regulations in Section 54.205 (c) require that at least thirty days prior to the submission of the State Plan, or any modification thereof to the Surgeon General, the State Agency shall publish in newspapers having general circulation throughout the State, a general description of the proposed plan or any such modification, and the State Plan shall be available for examination and comment by interested persons prior to submission to the Surgeon General.

Appropriate news releases will be prepared at an early date and distributed to newspapers having general circulation throughout the state. Copies of newspaper articles carrying the release will be furnished to the Public Health Service. A copy of the State Plan is available for examination and comment by interested persons. Copies of the Plan will be distributed to authorized mental health planning bodies within the various regions, the State Department of Institutions, the heads of education, welfare, unemployment, and rehabilitation agencies, and to all other interested parties by special request.

Prior to recommendation for approval of a revised State Plan by the Hospital, Medical and Related Facilities Advisory Council, the State Board of Health and the Public Health Service, the State Agency will take steps to insure publication of a general description of the State Plan in newspapers of general circulation throughout the State. A public hearing will also be scheduled in conjunction with the Advisory Council Meeting to afford interested groups or individuals to be heard on proposed changes in

the Plan. In addition, societies, organizations and associations will be urged to cooperate in bringing the essential portions and provisions of the State Plan to the attention of interested and affected parties, organizations and associations.

One approved copy of the State Plan will be available at all times in the State Agency for public examination.

B. Establishment of the Annual Project Construction Schedule

The State Board of Health will develop annually Project Construction Schedules which will list the projects for which construction should be able to commence during the Fiscal Year. The Schedules will be developed by soliciting applications from sponsoring agencies in regions of the greatest unfulfilled need and in the order of the area priorities as shown in the overall construction plan.

The number of projects included on the Project Construction Schedule will depend upon a multiplicity of factors such as priority, community preparedness, and available local financial support as well as the amount of the Federal allotment to the State of Montana.

The recommendations of the Hospital, Medical and Related Facilities Advisory Council will be considered before the preparation for revision of Project Construction Schedules involving the inclusion or removal of a project.

A request for funds to be submitted to the Surgeon General through the State Board of Health shall have been preceded by careful advanced planning on the part of the sponsoring agency and shall be accompanied by a written program in sufficient detail to establish the scope of the project being considered. The request shall be accompanied by an accurate cost estimate based on the written program including a contingency allowance to cover

possible cost increases during the design period. Any factors in the proposed project which result in cost estimates varying substantially from costs of similar projects shall be fully described. Applications must be submitted by the sponsoring agency at least 30 days prior to the meeting of the Hospital, Medical and Related Facilities Advisory Council. The meeting of the Advisory Council at which allocations will be made will be announced publicly 21 days prior to the meeting date.

Projects will be selected for the Project Construction Schedules after consideration of the following factors: (1) the priority of the project as determined in accordance with the principles outlined for determination of relative need; (2) the intent of sponsoring agencies to begin construction within a reasonable length of time as shown in the application and supporting evidence; (3) the ability of the sponsoring agency to meet the financial requirements for construction, maintenance and operation of the proposed facility; (4) the maintenance of an appropriate balance insofar as feasible in the construction of the various categories of facilities; (5) satisfactory evidence of availability with each program of at least the five "essential elements" of mental health service and that these are in compliance with the "criteria of program" described in Section 54.212 of the Federal Regulations; (6) degree to which qualified personnel are available to carry out the program; (7) satisfactory assurances that the services to be furnished by each facility will be made available to the general public; (8) satisfactory assurances that each facility will provide needed services for persons unable to pay; (9) satisfactory assurances that the applicant will furnish and comply with the assurances specified in Section 54.209 of the Regulations.

A project may be removed from the Project Construction Schedule by the State Board of Health if the applicant: (1) fails to show definite progress within 3 months; (2) does not submit the documents required for completion of the Project Construction Application within one year following the inclusion of the project on the Project Construction Schedule; (3) fails to comply with prescribed rules and regulations such as inability to meet financial requirements, prepare satisfactory plans and specifications, or provide proof of non-profit ownership and operation; (4) voluntarily withdraws.

If a project is removed from the Project Construction Schedule, the Schedule will be revised to include the next highest priority project which meets the requirements for inclusion.

The fact that a project is excluded from the Project Construction Schedule for any of the several reasons will not change the project priority rating (although for other reasons this priority may change). Such projects will be considered for inclusion in each succeeding Project Construction Schedule.

If a project is in the highest priority group, Part I of the Project Construction Application may be approved and forwarded to the Public Health Service prior to approval of the Project Construction Schedule. If the project is not in the highest priority group, Part I of the Project Construction Application will be submitted with the Schedule or as soon as possible thereafter.

The Project Construction Schedule will be submitted to the Public Health Service Regional Office annually. In accord with Section 54.206 (c) the State Board of Health shall approve, recommend and forward applications received in the order of priority except that the State Board of

Health may approve, recommend and forward to the Surgeon General applications out of the order of priority if: (1) the State Board of Health has afforded reasonable opportunity for development and presentation of projects in the order of priority; and, (2) the State Board of Health certifies to the Surgeon General that financial resources for the construction maintenance and operation of projects of higher priority are not then available.

The priority of a project under the State Plan shall not be affected by the fact that other projects of lower priority have been approved and recommended by the State Board of Health.

Application for Federal assistance will be submitted to the Federal Government on the Project Construction Application forms which are prescribed by the Public Health Service.

#### C. Regulations and Standards of Construction and Equipment

Construction and equipping of projects assisted under this program shall comply with general standards of construction and equipment for community mental health facilities which shall not be less than the general standards prescribed by the Surgeon General and as set forth in the Regulations in Part 54.215, Appendix A - General Standards of Construction and Equipment.

Copies of these standards will be made available to architects and sponsors involved in construction.

#### D. Inspection Procedures

When a request for payment of an installment is made, the State Board of Health will make an inspection of the project to determine that services have been rendered, work has been performed and purchases have been made as claimed by the applicant and in accordance with the approved project application and Section 54.215 of the Regulations. In addition, the State Board of Health will make such additional inspections as are deemed necessary.

A report of each inspection will be retained in the files of the State Board of Health as well as any and all correspondence incident to inspections of a project.

E. Construction Payments

Requests for construction payments shall be submitted by applicants to the State Board of Health at the times prescribed by Section 54.208 of the Public Health Service Regulations. Under existing law the state is authorized to make payments of Federal funds to all types of eligible applicants. Federal funds shall be paid to the State Treasurer. The State Board of Health will promptly remit for credit any payments of Federal funds received by the State for payment to applicants for approved construction projects.

F. Maintenance of Personnel Standards of State Board of Health

The Federal Regulations in Section 54.205, (a), require that the State Agency establish a system of personnel administration on a merit basis and maintained with respect to the personnel employed in the administration of the State Plan. Such systems shall include provision for:

1. Impartial administration of the merit system;
2. Operation on the basis of published rules or regulations;
3. Classification of all positions on the basis of duties and responsibilities and establishment of qualifications necessary for the satisfactory performance of such duties and responsibilities;
4. Establishment of compensation schedules adjusted to the responsibility and difficulty of the work;
5. Selection of permanent appointees on the basis of examination so constructed as to provide a genuine test of qualifications and so conducted to afford all qualified applicants opportunity to compete;

6. Advancement on the basis of capacity and meritorious service; and,
7. Tenure of permanent employees.

There will be substantial compliance with the Standards for a Merit System of Personnel Administration as issued by the Secretary of Health, Education and Welfare, the Secretary of Labor, and the Secretary of Defense on January 26, 1963, 28 F. R. 734, including any subsequent amendments thereof.

All permanent personnel employed in administering the State Plan will be appointed under and subject to the Merit System requirements as set forth above. A copy of the Montana Merit System Regulations is on file with the Public Health Service.

#### G. Conflict of Interest

No full-time officer or employee of the State Board of Health, or any firm, organization, corporation or partnership which such officer or employee owns, controls, or directs, shall receive funds from the applicant, directly or indirectly, in payment for services provided in connection with the planning, design, construction or equipping of any project under this Plan.

#### H. Fiscal and Accounting Procedures

The State Board of Health will comply with the provisions of Section 54.208 of the Public Health Service Regulations by maintaining the necessary accounting records and controls and requiring applicants for Federal funds to maintain adequate fiscal records and controls.

The State Board of Health will retain on file all documents coming into its possession which relate to any expenditure under the program. In addition, the State Board of Health will take such steps as are necessary to assure that applicants (1) retain all relevant and supporting

documents, and (2) establish suitable property inventory records covering all equipment of more than nominal value.

The State Board of Health, furthermore, will retain the accounting records, controls, and documents described above for a period of at least one year beyond its participation in the program and shall advise the applicants in writing that the fiscal records, controls, and documents described above shall be retained for a period of two years after the final payment of Federal funds.

#### I. Transfer of Allotments

Under provisions of the community mental health centers act, Public Law 88-164, the state may request that its allotment or a specified portion thereof be added to the corresponding allotment of another state for the purpose of meeting a portion of the Federal share of the cost of a project for the construction of a facility of the type authorized under the allotment for such other state.

Such transfer between States must be authorized by the Surgeon General. If it is found by the Surgeon General that construction of the facility will meet the needs of the State making the transfer, such allotments shall be added to the corresponding allotment of the other State to be used for the purpose referred to above.

At any time, the State Board of Health may submit a request in writing to the Surgeon General asking that a specified portion of its allotment be added to the allotment to Montana for the construction of facilities for the mentally retarded under Part C of Title I of Public Law 88-164. In order to make such a request the State Board of Health shall either

1. Certify that it has afforded from the data of availability of the first such allotment to Montana, a minimum of eighteen

months, and for any subsequent allotment a minimum of six months, during which application could be made for the portion so specified and that no approvable applications for such funds were received during that period of time; or,

2. Demonstrate to the Surgeon General's satisfaction that the need for facilities for the mentally retarded is substantially greater than for community mental health centers, such demonstration to include the concurrence of the Hospital, Medical and Related Facilities Advisory Council.

J. Fair Hearings

Upon petition, the State Board of Health will provide an opportunity for a fair hearing before the State Board of Health to every applicant who has requested Federal aid for construction of a mental health center and who is dissatisfied with any action of the State Board of Health regarding the application.

Actions of the State Board of Health which entitle applicants to a hearing include the following:

1. Denial of opportunity to make formal application.
2. Refusal to consider an application.
3. Rejection or disapproval of an application.

Appeals from decisions or actions of the State Board of Health must be made by the appellate, in writing, within thirty days of the date of the adverse decision by the State Board of Health.

The appellate will be notified, in writing, of the time and place of the hearing which will be determined by the State Board of Health and be reasonably convenient for the appellate.

The appellate is entitled to be represented by friends or council if he so desires. The appellate and other persons interested and concerned with the State Board of Health decision are entitled to present pertinent evidence in the way desired, subject to reasonable procedures of admissibility and methods of presentation.

The decision of the State Board of Health will be made, in writing, within thirty days from the date of the hearing and will be based on the evidence presented at the hearing.

A record of the hearing will be made, and upon the request of the appellate, will be made available for examination.

#### K. Change of Status of Facility

In accordance with Public Health Service Regulations, Section 54.213, the State Board of Health shall promptly notify the Surgeon General, in writing, if at any time within twenty years of the completion of construction any facility which received funds under Title II of the Act is sold or transferred to any person, agency or organization not qualified to file an application under Title II of the Act or is not approved as a transferree by the State Board of Health, or ceases to be a public or non-profit community mental health center as defined in the Act.

## CHAPTER VII

### STATE STANDARDS FOR MAINTENANCE AND OPERATION OF CENTERS

In order to qualify for Federal funds under the Community Mental Health Centers Act of 1963, an applicant must include in his application for such funds assurances that he will meet and maintain at least those minimal standards for the maintenance and operation of facilities receiving assistance under this Act as the Federal Regulations require.

In addition, it will be necessary for the applicant to comply with state laws, rules and regulations which relate to the types of facilities under consideration.

As the intermediary between the Federal and local governments, and as the representative of the State of Montana, for the purpose of this Act the State Board of Health is responsible for providing guidance and direction to the several communities with respect to the content of these several sets of regulations and for accumulating and forwarding to appropriate regulatory bodies such reports or other information as may be required in each instance.

In general, "Maintenance and Operation" appears to cover three broad areas:

1. Maintenance and operation of physical facilities.
2. Financing and budget.
3. Service programs.

Minimum standards for maintenance and operation of community mental health facilities receiving assistance under Title II of Public Law 88-164 are adopted by reference from the following standards, rules and regulations of the Montana State Board of Health, as well as nationally accepted

standards: Montana Licensing Law and Standards for Hospitals and Related Institutions, adopted June 15, 1957. These are promulgated under authority of Chapter 269, 1947 Montana Session Laws, as amended (Section 69-2901 through 69-2918, Revised Codes of Montana, 1947 Annotated).

Montana Licensing Law and Standards for Homes for the Aged, adopted November 7, 1959 and all amendments thereto. These standards were developed under the provisions of Chapter 192, 1947 Montana Session Laws, as amended (Section 69-2401 through 69-2406, revised Codes of Montana, 1947 Annotated, including amendments by Chapter 243, 1959 Montana Session Laws). These standards were also adopted by reference under Chapter 162, 1965 Montana Session Laws.

Standards for Operation of Day Care Centers of the Montana State Board of Health shall apply to day facilities for the mentally ill.

The State Board of Health has not yet developed standards for maintenance and operation of other facilities for the mentally ill. However, until such time as these additional standards are promulgated, the Diagnostic and Evaluation Clinics-Standards for Hospitals and Clinics as prepared by the American Psychiatric Association are adopted by reference.

In the area of financing, budget and reporting, the applicant will need to show:

1. That there is adequate funding (documents of encumbrance, contractual agreements, commitments from governmental bodies, grants from local drives, etc.) to meet the center's contribution for twelve months from the date of application.

2. That funds anticipated from fees are indeed possible when considered in the light of the average income of the expected clientele, etc.

3. That an accounting system has been established which will adequately reflect the financial condition of the center.

4. That the center is prepared to make regular financial reports to the State Board of Health in accord with Federal Regulations.

5. That regular reports reflecting population movement and other related data derived from actual operations will be submitted to the State Board of Health.

The State Board of Health will make available consultants in all phases of the fiscal, accounting and reporting processes to assist the center in this aspect of the operation whenever such aid is requested by those in power to act for the center.

In the area of treatment programming it will be necessary to provide assurances that the five "essential elements" of care are to be available at the time of the completion of construction. Beyond this the applicant's center, in achieving its objectives, will wish to set and maintain the high quality of service. This is not always easy, especially in view of rapidly changing technology and chronic shortages of personnel and operating funds. Some steps in this direction may be taken however, through such means as (a) clearly defining the goals and objectives of the center; (b) periodically reviewing these goals in the light of actual operations to determine whether they are being met, whether they should be altered, and whether the center is continuing to be responsive to the changing needs of the community; (c) establishing job descriptions and training requirements for the several positions which meet the approval of relevant professional organizations, etc.

Clearly the intent of Congress in passing this Act was to encourage

the development of adequate mental health services for all the people in the communities where they live; under local direction and administration. The State Board of Health shares this philosophy wholeheartedly. In addition to its responsibility as the State Agency designated to administer the distribution of Federal funds under the present Act, the State Board of Health will assist the several local communities in Montana to aid them in whatever way may be possible as they work to develop programs in mental health care.

CHAPTER VIII  
RECORD KEEPING AND REPORTING

The State Board of Health agrees to make such reports in such form and containing such information as the Surgeon General may from time to time reasonably require. The Surgeon General of the Public Health Service and the Comptroller General of the United States or his duly authorized representative shall have access for purposes of audit and examination to all program records maintained by the State Board of Health in accordance with the established program requirements of the Surgeon General.

CHAPTER IX  
ASSURANCES OF NONDISCRIMINATION

The State Board of Health will obtain assurance from each applicant that all portions and services of the entire facility for the construction of which, or in connection with which, aid under the Community Mental Health Centers Act of 1963 is sought will be made available without discrimination on account of race, creed, color, or national origin. Furthermore, no professionally qualified person or persons will be denied staff privileges because of race, creed, color, or national origin, nor will employees of the facility be discriminated against for these same reasons.

## CHAPTER X

### ANNUAL REVIEW AND MODIFICATION OF THE STATE PLAN

The State Board of Health in consultation with the Hospital, Medical and Related Facilities Advisory Council will at appropriate intervals, but at least annually, review the State Plan including the overall program for the Construction of Community Mental Health Facilities and will submit to the Surgeon General a report which contains such revisions as are considered necessary. The revision shall be dependent upon changes in the inventories of available facilities and manpower, demonstrated alterations in community preparedness, and evaluation of changes in community need. It will incorporate the experience gained over the past year from the pilot studies established in the previous year so that the Plan becomes not a series of independent and isolated operations, but an integrated Plan which attempts to meet the unique needs of individual communities in a manner that enhances the total service throughout the State.

New applications will be solicited and acted upon as soon as possible after development and adoption of each annual revision of the Plan and receipt of notice of annual allotment to the State. In the event funds remain unallocated, further action on applications may be taken during the fiscal year. If the State Board of Health determines that significant changes in the needs of an area have occurred since the development of the latest revision of the State Plan, pertinent information will be made available to the Advisory Council at the time the applications are considered.

It is understood that all revisions or amendments become effective upon their approval by the Public Health Service.

CHAPTER XI  
FEDERAL SHARE

The rate of Federal participation for approved projects within this construction plan shall be a uniform rate for all projects within the State based upon the Federal percentage for which allotments are made for the State of Montana. Upon recommendation of the Hospital, Medical and Related Facilities Advisory Council and approval by the State Board of Health, the Federal share of the cost of each construction project for community mental health centers approved under Public Law 88-164, Title II, Part C for the Fiscal Years ending June 30, 1967 and June 30, 1968, shall be 55%.



## EXHIBITS

- I. Governor Babcock's Letter of March 24, 1964 Designating State Board of Health as the State Construction Authority.
- II. Montana Hospital, Medical and Related Facility Survey and Construction Act, Chapter 30, Revised Codes of Montana, 1947 Annotated including 1965 Amendments.
- III. Licensing and Supervision of Hospitals and Related Facilities, Chapter 29, Revised Codes of Montana, 1947 Annotated including 1965 Amendments.
- IV. Legal Opinion from Attorney General, March 27, 1967.
- V. Montana State Board of Health - Members.
- VI. Organizational Chart - Montana State Board of Health.
- VII. Organizational Chart - Montana State Department of Institutions.
- VIII. Map - Population Estimates, Montana Counties, July 1, 1965.
- IX-A. 1965 Population Estimates by County.
- IX-B. 1965 Population Estimates by Region.
- X. Montana Railroad Passenger Service Routes.
- XI. Montana Interstate, U. S. and State Numbered Roads.
- XII. Montana Bus Service Routes.
- XIII. Montana Airline Service Routes.
- XIV. Mental Health Regions.
- XV. Landforms of Montana.
- XVI. Inventory of Psychiatric Facilities - Part A.
- XVII. Area Summary of Psychiatric Facilities - Part B.
- XVIII. Inventory of Other Mental Health Facilities - Part C.  
(Inventory of Auxiliary Facilities - Part D - No Date Surveyed).
- XIX. State-wide Inventory of Manpower - Part E.
- XX. Co-ordinated Plan for Mental Health Services.
- XXI. Survey of Need and Ranking of Areas.
- XXII. Governor's Joint Committee on Mental Health and Mental Retardation.
- XXIII. Publicity Given to State Plan.



State of Montana  
Office of The Governor  
Helena

TIM BABCOCK  
GOVERNOR

March 24, 1964

Dr. John S. Anderson  
Executive Officer  
State Board of Health  
Helena, Montana

Dear Dr. Anderson:

This letter is to advise you of your appointment as the state authority for the Mental Health Plan for Planning. In addition, I am naming the State Board of Health as the state authority for the receiving of the construction funds which are presently being authorized by Congress.

Since these programs are a vital concern of the State Department of Institutions, I ask that you make every effort to work with that Department relative to these programs and that the Department of Institutions be included in all planning for any grant or construction monies which are involved in these programs.

Because I have a deep interest in these programs, I also ask that any plans drafted for submission to federal agencies be submitted to the Governor's Committee on Mental Health which, as of April 1, 1964, I am reconstituting as the "Governor's Joint Committee on Mental Health and Retardation."

Kind personal regards,

*Tim Babcock*  
Tim Babcock, Governor

EXHIBIT I

## CHAPTER 270, 1947 MONTANA SESSION LAWS

(Sections 69-3001, 69-3002, 69-3003, 69-3004, 69-3007, 69-3008, 69-3009, 69-3010, 69-3012, 69-3013, 69-3014, 69-3015, 69-3016.1 taken from Chapter 30, Revised Codes of Montana, 1947 Annotated, amendments as shown in 1965 Cumulative Pocket Supplement.)

### MONTANA HOSPITAL, MEDICAL AND RELATED FACILITY SURVEY AND CONSTRUCTION ACT

69-3001. Title. This act may be cited as the "Montana Hospital, Medical and Related Facility Survey and Construction Act."

History: En. Sec. 1, Ch. 270, L. 1947; amd. Sec. 1, Ch. 77, L. 1965.

#### Amendment

The 1965 amendment inserted "Medical and Related Facility" in the title.

69-3002. Definitions. As used in this act:

- (a) "Board" means the state board of health of the state of Montana.
- (b) "The Federal Acts" mean Title VI of the Public Health Service Act (42 U. S. C. 291 et seq.); Title VII of the Public Health Service Act (42 U. S. C. 2671 et seq.); as now and hereafter amended and federal acts hereafter enacted for the construction of medical or related facilities.
- (c) "Administering federal agency" means the respective department, commission or officer designated by or under one of the federal acts to administer the programs provided by the respective acts.
- (d) "Hospital" includes public health centers and general, tuberculosis, mental, chronic disease, and other types of hospitals, and related facilities, such as laboratories, out-patient departments, nurses' home and training facilities, and central service facilities operated in connection with hospitals, but does not include any hospital furnishing primarily domiciliary care.
- (e) "Public Health Center" means a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers.
- (f) "Nonprofit Hospital" and "Nonprofit Medical Facility" means any hospital or medical facility owned or operated by one or more nonprofit corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

CHAPTER 30 OF THE REVISED CODES OF MONTANA  
Contd.

69-3002 Contd.

(g) "Director" means the principal administrative officer of the division of hospital survey and construction of the said state board of health of Montana as appointed by said board.

(h) "Medical Facilities" means diagnostic or diagnostic and treatment centers, rehabilitation facilities and facilities for long term care as those terms are defined in the federal acts, and such other medical facilities for which federal aid may be authorized.

(i) "Related facility" includes a facility devoted to the diagnosis, treatment or care of individuals afflicted with mental disease or mental retardation.

History: Enc. Sec. 2, Ch. 270, L. 1947; amd. Sec. 1, Ch. 215, L. 1955; amd. Sec. 2, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted in paragraph (b) the references to Title VII of the Public Health Service Act and to "federal acts hereafter enacted"; substituted a new paragraph (c) for a paragraph reading, "'The Surgeon General' means surgeon general of the public health service of the United States"; substituted "facilities for long term care" in paragraph (h) for "nursing homes"; added paragraph (i); and made other minor changes.

69-3003. Administration--hospital, medical and related facility survey and construction. Except where another state agency is specifically designated by law, the state board of health of the state of Montana is hereby designated as the sole agency of the state of Montana to establish and administer any statewide plan for the construction, alteration, equipment, maintenance, or operation of any hospital, medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation, training, or related services, which plan is now, or may hereafter be required as a condition to the eligibility for benefits under any federal law. The state board of health, in its discretion, is authorized to, for and on behalf of the state of Montana, enter into contracts and agreements with the United States or any officer, department or bureau thereof, relative to such statewide plans, and to do those things necessary or required to secure for the people of the state of Montana the benefit of such programs as will provide adequate medical and related facilities and services.

The board shall make an inventory of existing hospitals, medical and related facilities; survey the need for construction or alteration of hospitals, medical and related facilities; and develop and administer a state plan for the construction and alteration of public and other nonprofit hospitals, medical and related facilities.

CHAPTER 30 OF THE REVISED CODES OF MONTANA

Contd.

69-3003 Contd.

History: En. Sec. 3, Ch. 270, L. 1947; amd. Sec. 2, Ch. 215, L. 1955, amd. Sec. 22, Ch. 264, L. 1955; amd. Sec. 3, Ch. 77, L. 1965.

Amendment

The 1965 amendment completely rewrote this section. For previous text, see parent volume.

69-3004. General powers and duties. In carrying out the purposes of this act, the board is authorized and directed:

- (a) To require such reports, make such inspections and investigations and prescribe such regulations as it deems necessary;
- (b) To provide such methods of administration, appoint a director and other personnel and take such other action as may be necessary to comply with the requirements of the federal acts and the regulations thereunder;
- (c) To procure in its discretion the temporary or intermittent services of experts or consultants, or organizations thereof, by contract, when such services are to be performed on a part-time or fee-for-service basis and do not involve the performance of administrative duties;
- (d) To the extent that it considers desirable to effectuate the purposes of this act, to enter into agreements for the utilization of the facilities and services of other departments, agencies, and institutions, public or private;
- (e) To accept on behalf of the state and to deposit with the state treasurer any grant, gift or contribution made to assist in meeting the cost of carrying out the purposes of this act, and to expend the same for such purpose;
- (f) To make an annual report to the governor on activities and expenditures pursuant to this act, including recommendations for such additional legislation as the board considers appropriate to furnish adequate hospital, medical and related facilities to the people of this state.

History: En. Sec. 4, Ch. 270, L. 1947; amd. Sec. 3, Ch. 215, L. 1955; amd. Sec. 23, Ch. 264, L. 1955; amd. Sec. 4, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" near the end of paragraph (f); and made other minor changes in the preliminary clause and in paragraph (b).

CHAPTER 30 OF THE REVISED CODES OF MONTANA  
Contd.

69-3007. Construction program. The construction program shall provide, in accordance with regulations prescribed under the federal acts, for adequate hospital facilities, medical and related facilities for the people residing in this state and in so far as possible shall provide for their distribution throughout the state in such manner as to make all types of hospital, medical and related facilities services reasonably accessible to all persons in the state.

History: En. Sec. 8, Ch. 270, L. 1947; amd. Sec. 5, Ch. 215, L. 1955; amd. Sec. 5, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" in two places; and made other minor changes.

69-3008. Application for federal funds for survey and planning--expenditure. The board is authorized to make application to the administering federal agency for federal funds to assist in carrying out the survey and planning activities herein provided. Such funds shall be deposited in the state treasury and shall be available to the board for expenditure for carrying out the purposes of this part. Any such funds received and not expended for such purposes shall be repaid to the treasury of the United States.

History: En. Sec. 9, Ch. 270, L. 1947; amd. Sec. 6, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" for "the surgeon general" in the first sentence.

69-3009. State Plans. The board shall prepare and submit to the administering federal agency state plans which shall include the hospital, medical and related facilities construction programs developed under this act and which shall provide for the establishment, administration, and operation of hospital, medical and related facilities construction activities in accordance with the requirements of the federal acts and regulations thereunder. The board shall, prior to the submission of such plans to the administering federal agency, give adequate publicity to a general description of all the provisions proposed to be included therein, and hold a public hearing at which all persons or organizations with a legitimate interest in such plans may be given an opportunity to express their views. After approval of a plan by the administering federal agency, the board shall publish a general description of the provisions thereof in newspapers having general circulation throughout the state, and shall make the plan, or a copy thereof, available upon request to all interested persons or organizations. The board shall from time to time review the hospital, medical and related facilities construction programs and submit to the administering federal agency any modifications thereof which it may find necessary and may submit to the administering federal agency such modifications of the state plans,

CHAPTER 30 OF THE REVISED CODES OF MONTANA  
Contd.

69-3009 Contd.

not inconsistent with the requirements of the federal acts, as it may deem advisable.

History: En. Sec. 10, Ch. 270, L. 1947; amd. Sec. 6, Ch. 215, L. 1955; amd. Sec. 7, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" for "the surgeon general" in five places; pluralized "state plan," "program," and "federal act" throughout the section; inserted "and related" before "facilities" in three places; deleted "in three (3) successive publications at intervals of one (1) week between publications" after "general description of the provisions thereof" in the third sentence; substituted "newspapers having general circulation throughout the state" in the third sentence for "at least one newspaper having general circulation in each county in the state, and in five (5) papers having a general circulation throughout the state"; and made other minor changes.

69-3010. Minimum standards for hospital, medical and related facilities maintenance and operation. The board shall by regulation, after consultation with the hospital, medical and related facilities advisory council, prescribe minimum standards for the maintenance and operation of hospitals, medical and related facilities which receive federal aid for construction under the state plan.

History: En. Sec. 11, Ch. 270, L. 1947; amd. Sec. 7, Ch. 215, L. 1955; amd. Sec. 8, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "after consultation with the hospital, medical and related facilities advisory council"; inserted "and related" before "facilities" in the latter part of the section; and made another minor change.

69-3012. Construction Projects--applications. Applications for hospital, medical and related facilities construction projects for which federal funds are requested shall be submitted to the board and may be submitted by the state or any political subdivision thereof or by any public or non-profit agency authorized to construct and operate a hospital or a medical or related facility. Each application for a construction project shall conform to federal and state requirements.

History: En. Sec. 13, Ch. 270, L. 1947; amd. Sec. 8, Ch. 215, L. 1955; amd. Sec. 9, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "and related" before "facilities" and "or related" before "facility."

CHAPTER 30 OF THE REVISED CODES OF MONTANA  
Contd.

69-3013. Consideration and forwarding of applications. The board shall afford to every applicant for a construction project an opportunity for a fair hearing. If the board, after affording reasonable opportunity for development and presentation of applications in the order of relative need, finds that a project application complies with the requirements of section 69-3012 and is otherwise in conformity with the state plan, it shall approve such application and shall recommend and forward it to the administering federal agency.

History: En. Sec. 14, Ch. 270, L. 1947; amd. Sec. 10, Ch. 77, L. 1965.

Amendment

The 1965 amendment substituted "the administering federal agency" at the end of the section for "the surgeon general"; and made another minor change.

69-3014. Inspection of projects. From time to time the board shall inspect each construction or alteration project approved by the administering federal agency, and if the inspection so warrants, the board shall certify to the administering federal agency that work has been performed upon the project, or purchases have been made, in accordance with the approved plans and specifications, and that payment of an installment of federal funds is due to the applicant.

History: En. Sec. 15, Ch. 270, L. 1947; amd. Sec. 11, Ch. 77, L. 1965.

Amendment

The 1965 amendment inserted "or alteration" before "project"; and substituted "the administering federal agency" for "the surgeon general" in two places.

69-3015. Hospital, medical and related facilities construction and alteration moneys. The board is hereby authorized to receive federal funds on behalf of, and transmit them to, such applicants. Money received from the federal government for a construction or alteration project approved by the administering federal agency shall be deposited in the state treasury and shall be used solely for payments due applicants for work performed, or purchases made, in carrying out approved projects. Claims for all payments shall, if approved by the board, bear the signature of the executive officer (secretary) of the board, or in his absence, the director.

History: En. Sec. 16, Ch. 270, L. 1947; amd. Sec. 9, Ch. 215, L. 1955; amd. Sec. 68, Ch. 147, L. 1963; amd. Sec. 12, Ch. 77, L. 1965.

Amendments

The 1963 amendment deleted a former second sentence reading, "There is hereby established, separate and apart from all public moneys and funds of this state, a hospital and medical facilities construction fund";

CHAPTER 30 OF THE REVISED CODES OF MONTANA  
Contd.

69-3015 Contd.

substituted "in the state treasury" in the present second sentence for "to the credit of this fund"; and deleted "from the hospital and medical facilities construction fund" which followed "payments" in the final sentence.

The 1965 amendment inserted "or alteration" before "project" in the second sentence; substituted "the administering federal agency" for "the surgeon general" in the second sentence; and made another minor change.

69-3016.1. Discrimination prohibited in subsidized facilities. No person shall be denied the use in a professional or other capacity, or be subjected to discrimination on the grounds of race, color or national origin, of any facility constructed in whole or in part under the provisions of this act.

History: En. Sec. 13, Ch. 77, L. 1965.

Title of Act

An act amending sections 69-3001, 69-3002, 69-3003, 69-3004, 69-3007, 69-3008, 69-3009, 69-3010, 69-3012, 69-3013, 69-3014, and 69-3015, as amended, R. C. M. 1947, relating to hospital survey and construction; providing for the development and administration of hospital, medical and related facility construction and alteration programs; providing for compliance with requirements of federal acts and regulations to secure assistance in such programs; designating and authorizing the state board of health as the agency of the state of Montana for the development and administration of such programs and empowered to contract with the federal government in furtherance thereof; repealing section 69-3006, R. C. M., 1947; and providing an effective date.

Repealing Clause

Section 14 of Ch. 77, Laws 1965 read "Section 69-3006, R. C. M., 1947, is repealed."

Effective Date

Section 15 of Ch. 77, Laws 1965 provided the act should be in effect from and after its passage and approval. Approved February 26, 1965.

CHAPTER 269, 1947 MONTANA SESSION LAWS

(Sections 69-2901, 69-2902, 69-2903, 69-2905,  
69-2906, 69-2907, 69-2908, 69-2910, 69-2911,  
69-2915, 69-2916 and 69-2917 taken from Chapter 29,  
Revised Codes of Montana, 1947 Annotated,  
amendments as shown in 1965 Cumulative Pocket Supplement)

LICENSING AND SUPERVISION OF HOSPITALS AND RELATED FACILITIES

69-2901. Definitions. As used in this act:

- (a) "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four hours in any week of two or more nonrelated individuals suffering from illness, disease, injury, or deformity, or a place devoted primarily to providing for not less than twenty-four hours in any week of obstetrical or other medical or nursing care for two or more nonrelated individuals. The term hospital includes public health centers and medical facilities.
- (b) "Related facility" includes a facility devoted to the diagnosis, treatment or care of individuals suffering from mental disease or mental retardation.
- (c) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.
- (d) "Governmental unit" means the state, or any county, municipality, or other political subdivision or any department, division, board or other agency of any of the foregoing.
- (e) "Licensing Agency" means the state board of health of the state of Montana.

History: En. Sec. 1, Ch. 269, L. 1947; amd. Sec. 1, Ch. 78, L. 1965.

Amendment

The 1965 amendment added "and medical facilities" at the end of paragraph (a); and inserted a new paragraph (b), redesignating the succeeding paragraphs.

69-2902. Purpose. The purpose of this act is to provide for the development, establishment and enforcement of standards (1) for the care of individuals in hospitals and related facilities and (2) for the construction, alteration, maintenance and operation of hospitals and related facilities, which in the light of advancing knowledge, will promote safe and adequate care of such individuals in hospitals and related facilities.

History: En. Sec. 2, Ch. 269, L. 1947; amd. Sec. 2, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "and related facilities" after "hospitals" in three places; and inserted "alteration" in clause (2).

CHAPTER 29 OF THE REVISED CODES OF MONTANA

Contd.

69-2903. Licensure. After July 1, 1947, no person or governmental unit, acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a hospital or related facility in this state without a license under this law.

History: En. Sec. 3, Ch. 269, L. 1947; amd. Sec. 3, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital."

69-2905. Issuance and renewal of license. Upon receipt of an application for license and the license fee, the board shall issue a license if the applicant and hospital or related facilities meet the requirements established under this law. A license, unless sooner suspended or revoked, shall be renewable annually upon payment of a renewal fee of ten dollars (\$10.00) and filing by the licensee, and approval by the board, of an annual report upon such uniform dates and containing such information in such form as the board prescribed by regulation. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the board. Licenses shall be posted in a conspicuous place on licensed premises.

History: En. Sec. 5, Ch. 269, L. 1947; amd. Sec. 4, Ch. 78, L. 1965; amd. Sec. 15, Ch. 121, L. 1965.

Compiler's Note

This section was amended twice in 1965, once by Ch. 78 and once by Ch. 121. Neither amendatory act mentioned nor incorporated the changes made by the other. The two acts do not appear to conflict except that the requirement of a renewal fee may possibly not apply to "related facilities" as defined in section 69-2901. The compiler has therefore made a composite section incorporating the changes made by both amendatory acts.

Amendments

Chapter 78, Laws 1965, inserted "or related" after "hospital" in the first sentence.

Chapter 121, Laws 1965, substituted "upon payment of a renewal fee of ten dollars (\$10.00) and" for "without charge upon" following "renewable annually" in the second sentence.

69-2906. Denial or revocation of license--hearing and review. The board after notice and opportunity for hearing to the applicant or licensee is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under this law.

CHAPTER 29 OF THE REVISED CODES OF MONTANA

Contd.

69-2906 Contd.

Such notice shall be effected by registered mail, or by personal service setting forth the particular reasons for the proposed action and fixing a date not less than thirty days from the date of such mailing or service, at which the applicant or licensee shall be given an opportunity for a prompt and fair hearing. On the basis of any such hearing, or upon default of the applicant or licensee the board shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail or served personally upon the applicant or licensee. The decision revoking, suspending or denying the license or application shall become final thirty days after it is so mailed or served, unless the applicant or licensee within such thirty day period, commences an action in the district court, pursuant to section 69-2914.

The procedure governing hearings authorized by this section shall be in accordance with rules promulgated by the board with the advice of the hospital, medical and related facilities advisory council. A full and complete record shall be kept of all proceedings, and all testimony shall be reported but need not be transcribed unless the decision is reviewed pursuant to section 69-2914. A copy or copies of the transcript may be obtained by any interested party on payment of the cost of preparing such copy or copies. Witnesses may be subpoenaed by either party.

History: En. Sec. 6, Ch. 269, L. 1947; amd. Sec. 5, Ch. 78, L. 1965.

Amendment

The 1965 amendment substituted "hospital, medical and related facilities advisory council" for "advisory hospital council" at the end of the first sentence in the third paragraph.

69-2907. Rules, regulations and enforcement. The board, with the advice of the hospital, medical and related facilities advisory council, shall adopt, amend, promulgate and enforce such rules, regulations and standards with respect to all hospitals and related facilities to be licensed hereunder as may be designed to further the accomplishment of the purposes of this law in promoting safe and adequate care of individuals in hospitals and related facilities in the interest of public health, safety and welfare.

History: En. Sec. 7, Ch. 269, L. 1947; amd. Sec. 6, Ch. 78, L. 1965.

Amendment

The 1965 amendment deleted "and approval" after "advice" near the beginning of the section; substituted "hospital, medical and related facilities advisory council" for "advisory hospital council"; substituted "and related facilities" for "or different types of hospitals" before "to be licensed hereunder"; and inserted "and related facilities" after "hospitals" near the end of the section.

CHAPTER 29 OF THE REVISED CODES OF MONTANA  
Contd.

69-2908. Effective date of regulations. Any hospital or related facility which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, under the particular circumstances not to exceed one year from the date of such promulgation, within which to comply with such rules and regulations and minimum standards.

History: En. Sec. 8, Ch. 269, L. 1947; amd. Sec. 7, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "Any hospital" at the beginning of the section.

69-2910. Hospital, medical and related facilities advisory council. The governor shall appoint a hospital, medical and related facilities advisory council to advise and consult with the board in carrying out the administration of this act and of the Montana Hospital, Medical and Related Facility Survey and Construction Act. The council shall consist of the executive officer of the state board of health (in various acts designated as "secretary" of said board) who shall serve as chairman ex officio, the state director of the department of public welfare, ex officio, the director of public institutions, ex officio, and representatives of nongovernmental organizations or groups, and of public agencies, concerned with the operation, construction, or utilization of hospital, medical and related facilities and representatives of consumers familiar with the need for the services provided by such facilities, with the number of members as are or may be required on said council as a condition of eligibility for benefits for hospital, medical and related facilities under any federal law. Each member shall hold office for a term of one (1) to three (3) years, as designated in the appointment, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and the terms of office of the members shall expire, as designated at the time of appointment. In designating the duration of appointments, the governor shall endeavor to avoid expiration of more than one-third of the total appointments in any twelve month period. Council members while serving on the business of the council shall be entitled to receive ten dollars (\$10.00) per diem, and also their actual and necessary travel and subsistence expenses while so serving away from their place of residence. The council shall meet as frequently as the chairman deems necessary, but not less than once each year. Upon request by one-third or more of the members, it shall be the duty of the chairman to call a meeting of the council.

History: En. Sec. 10, Ch. 269, L. 1947; amd. Sec. 8, Ch. 78, L. 1965.

CHAPTER 29 OF THE REVISED CODES OF MONTANA  
Contd.

69-2910 Contd.

Amendment

The 1965 amendment substituted "a hospital, medical and related facilities advisory council" in the first sentence for "an advisory hospital council"; added "and of the Montana Hospital, Medical and Related Facility Survey and Construction Act" at the end of the first sentence; substituted all of the language in the latter part of the second sentence, beginning with "the director of public institutions, ex officio" for "and the following nine (9) members, namely: three (3) individuals of recognized ability in the field of non-governmental hospital administration; three (3) individuals of recognized ability in the fields of medicine and surgery, nursing, welfare, public health, architecture, or allied professions in the field of health, and three (3) individuals with broad civic interests representing consumers of hospital services"; substituted "one (1) to three (3) years, as designated in the appointment" for "four (4) years" in the first part of the third sentence; deleted "three at the end of the second year, three at the end of the third year, three at the end of the fourth year, after the date of appointment" at the end of the third sentence; inserted a new fourth sentence; and substituted "one-third or more of the members" for "three (3) or more members" in the final sentence.

Repealing Clause

Section 9 of Ch. 78, Laws 1965 read "Section 69-2910.1, R.C.M. 1947, is repealed."

69-2911. Functions of hospital, medical and related facilities advisory council. The hospital, medical and related facilities advisory council shall consult and advise with the board in matters of policy affecting administration of the Montana Hospital, Medical and Related Facility Survey and Construction Act and of this act, and in the development of rules, regulations and standards provided for hereunder.

History: En. Sec. 11, Ch. 269, L. 1947; amd. Sec. 10, Ch. 78, L. 1965.

Amendment

The 1965 amendment substituted "The hospital, medical and related facilities advisory council" at the beginning of the section for "The advisory hospital council"; inserted the reference to the Hospital, Medical and Related Facility Survey and Construction Act; deleted a paragraph (b) reading, "To review and approve, before the same becomes effective, rules, regulations and standards authorized hereunder, prior to their promulgation by the board as specified herein"; and made minor changes in phraseology and format.

CHAPTER 29 OF THE REVISED CODES OF MONTANA

Contd.

69-2915. Penalties. Any person establishing, conducting, managing, or operating any hospital or related facility without a license under this law shall be guilty of a misdemeanor, and upon conviction shall be fined not more than one hundred dollars (\$100.00) for the first offense and not more than three hundred dollars (\$300.00) for each subsequent offense, and each day of a continuing violation after conviction shall be considered a separate offense.

History: En. Sec. 15, Ch. 269, L. 1947; amd. Sec. 11, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital."

69-2916. Injunction. Notwithstanding the existence or pursuit of any other remedy, the board, may in the manner provided by law upon the advice of the attorney general who shall represent the board in the proceedings maintain an action in the name of the state for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a hospital or related facility without a license under this law.

History: En. Sec. 16, Ch. 269, L. 1947; amd. Sec. 12, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" after "hospital" near the end of the section.

69-2917. Discrimination by hospitals or related facilities forbidden---interference with relation between physician and patient prohibited. (a) Notwithstanding any other provision of this act, no person, firm, co-partnership, association, corporation, public or private, and no religious, denominational or secular order, or organization, trustees or trust conducting or operating either directly or as lessee, or otherwise, a hospital or hospitals or related facility not maintained for private or corporate pecuniary profit, or operating or conducting a hospital or hospitals or related facility which are institutions of public charity, any of which hospitals or related facilities in any case are exempt, or cause themselves to become exempt, under applicable law from any state, county or municipal tax by reason of their nonprofit status or charitable nature or character, shall in any manner or by any device discriminate between the patients of any regularly licensed physician for or upon any ground or reason whatever, including the fact that any such physician is not a member of the medical or surgical, or other staff, clinic, or internal instrumentality of such hospital or related facility. All such hospitals and related facilities are hereby directed, required and compelled to admit, receive and care for the patients of any regularly licensed physician and surgeon, under the same terms and conditions as may be established and promulgated by the

CHAPTER 29 OF THE REVISED CODES OF MONTANA

Contd.

69-2917 Contd.

governing authority, management or staff of said hospital or related facility for the patients of any other regularly licensed physician without discrimination, direct or indirect.

(b) Notwithstanding any other provision of this act, the free and confidential professional relation between licensed physician and patient shall continue and remain unaffected and unchanged, and be preserved as a privileged relationship; and licensed physicians shall continue to have direction over their patients in hospitals and related facilities.

(c) The licensing agency, advisory council, director and all others charged with the administration of this act shall have no authority, by rule, regulation, or administrative direction, or other device, to modify, alter, or abridge any of the provisions of this section, and the faithful observance of the provisions hereof shall be an express condition of all licenses issued or reissued hereunder.

(d) Nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any home or institution conducted for those who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denomination.

History: En. Sec. 17, Ch. 269, L. 1947; amd. Sec. 13, Ch. 78, L. 1965.

Amendment

The 1965 amendment inserted "or related facility" or "and related facilities" after "hospital" or "hospitals" in six places in subsection (a) and at the end of subsection (b).

Effective Date

Section 14 of Ch. 78, Laws 1965 provided the act should be in effect from and after its passage and approval. Approved February 26, 1965.

State of Montana  
Office of The Attorney General  
Helena

FORREST H. ANDERSON  
ATTORNEY GENERAL

March 27, 1967

ALFRED B. COATE  
FIRST ASSISTANT

Montana State Board of Health  
Helena  
Montana

Gentlemen:

In my opinion, the Montana State Board of Health has been and is properly and conclusively designated by Montana law as the sole agency of the State of Montana for the administration of any plan which has been or might be submitted for carrying out the purposes of Title II of United States Public Law 88-164, the "Community Mental Health Centers Act".

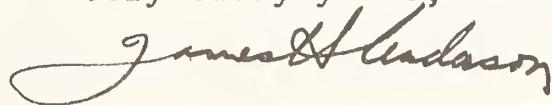
It is further my opinion that the Montana State Board of Health, as so designated, has and will have full authority under Montana law to carry out any plan submitted under said last-mentioned federal legislation in conformity with said federal legislation.

The opinions above expressed are based upon the following provisions of Section 69-3003, Revised Codes of Montana:

"Except where another state agency is specifically designated by law, the state board of health of the state of Montana is hereby designated as the sole agency of the state of Montana to establish and administer any statewide plan for the construction, alteration, equipment, maintenance, or operation of any hospital, medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation, training, or related services, which plan is now, or may hereafter be required as a condition to the eligibility for benefits under any federal law."

You are hereby authorized to submit this opinion under said federal legislation as evidence of your authority to carry out in conformity with such federal legislation any plan submitted thereunder.

Very truly yours,

  
Forrest H. Anderson

FORREST H. ANDERSON  
Attorney General

MONTANA STATE BOARD OF HEALTH

R. J. Losleben, President  
Malta, 1967

Mrs. Richard Ellis  
Great Falls, 1968

Paul H. Bowden, D. D. S.  
Butte, 1969

Edwin C. Segard, M. D.  
Billings, 1970

Richard D. Knapp, M. D.  
Wolf Point, 1971

Mrs. O. H. Mann  
Missoula, 1972

George H. Gould, M. D.  
Kalispell, 1973

DIVISION OF HOSPITAL FACILITIES

Robert J. Munzenrider, Director

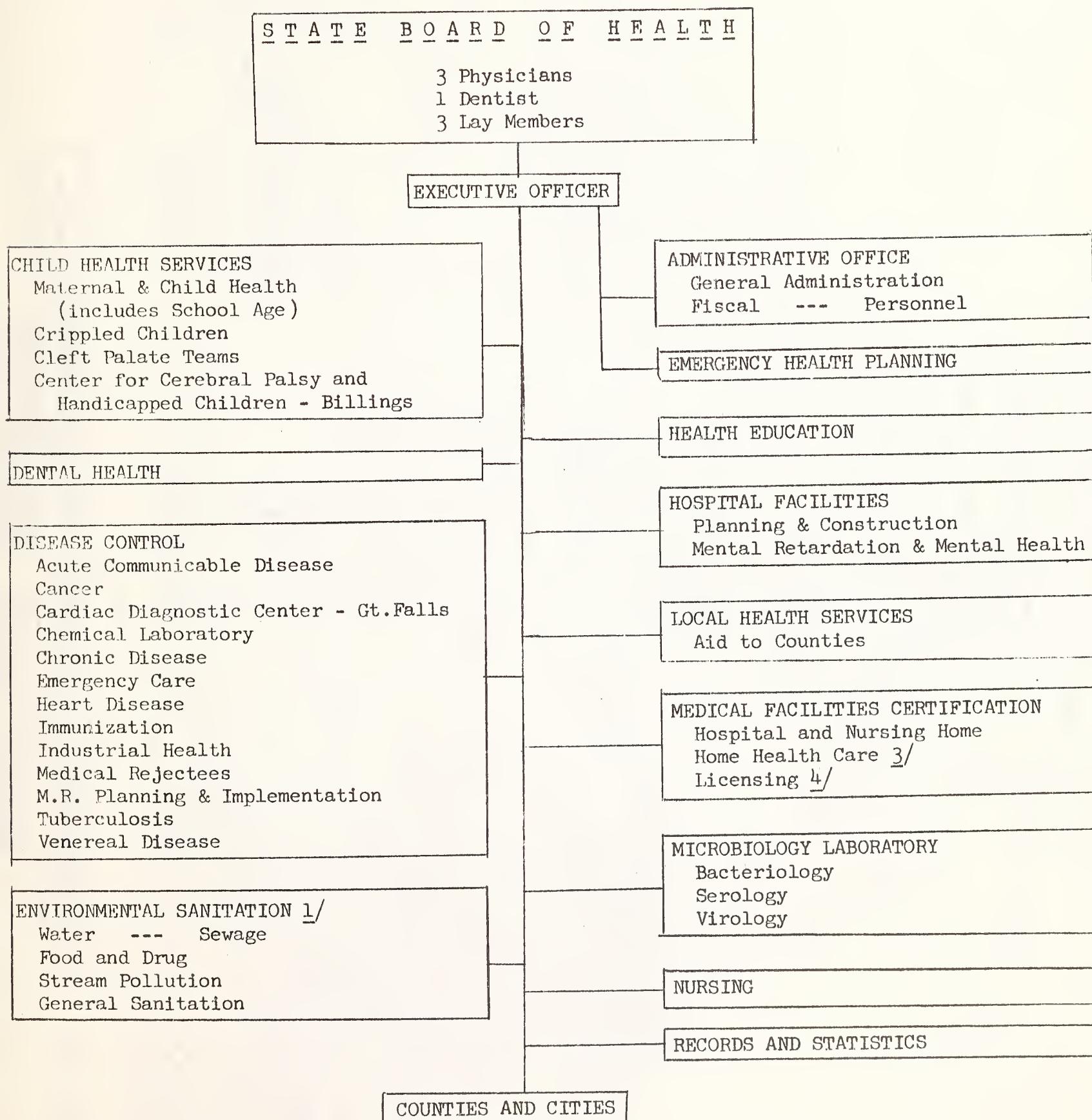
Walter C. Moyle, Architect

Mrs. Lynn Potter, Secretary

EXHIBIT V

MONTANA STATE BOARD OF HEALTH  
Helena, Montana

ORGANIZATIONAL CHART  
By Divisions and Major Functions



1/ Includes restaurants, motels, hotels, school construction, refrigerated lockers, food processing, sub-division, septic tank and cesspool disposal, etc.

2/ Includes alcohol and narcotic education.

3/ Also included under Nursing Division.

4/ Includes hospitals, nursing homes and homes for the aged.

EXHIBIT VI

EO-300

## ORGANIZATION CHART

# MONTANA STATE DEPARTMENT OF INSTITUTIONS

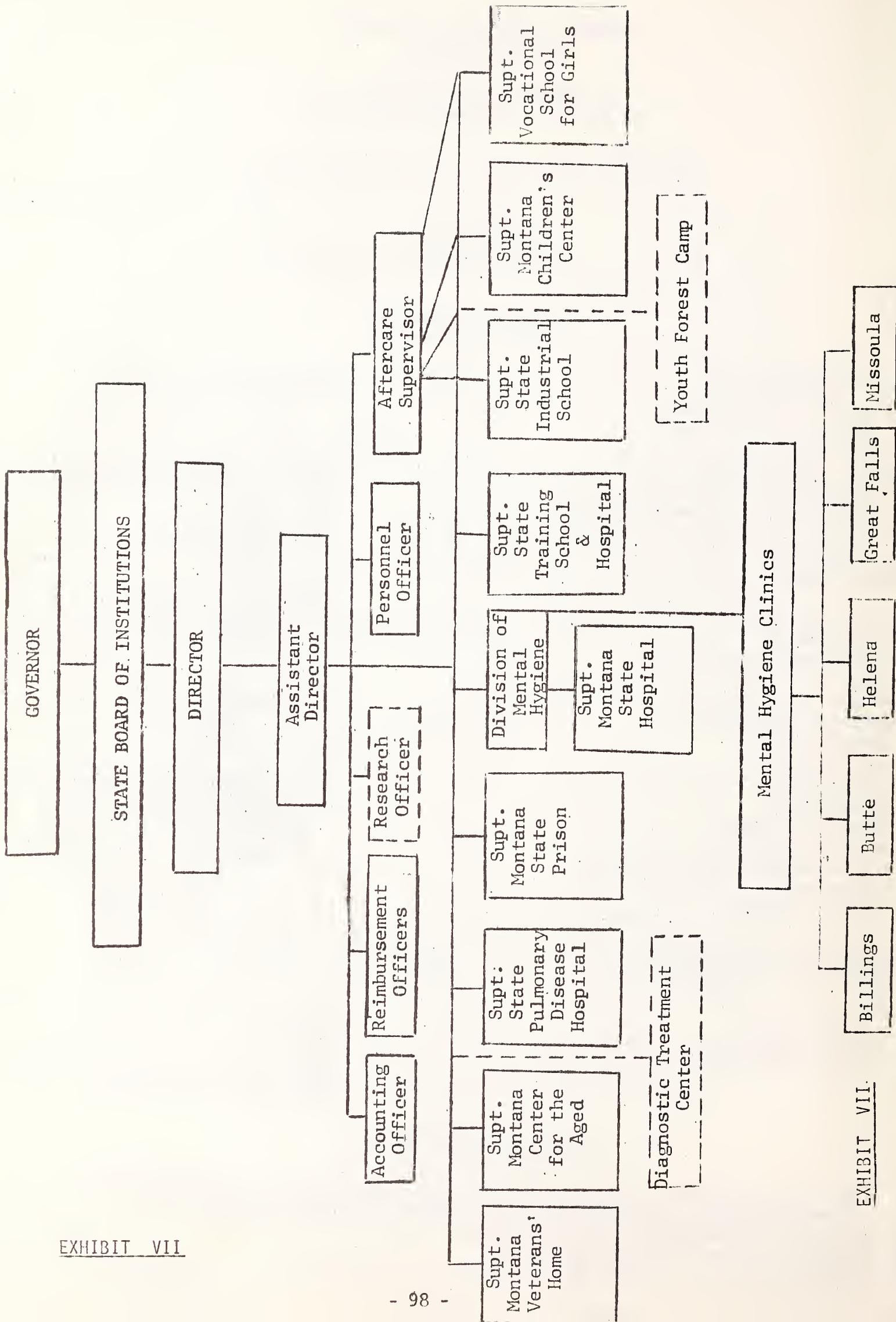
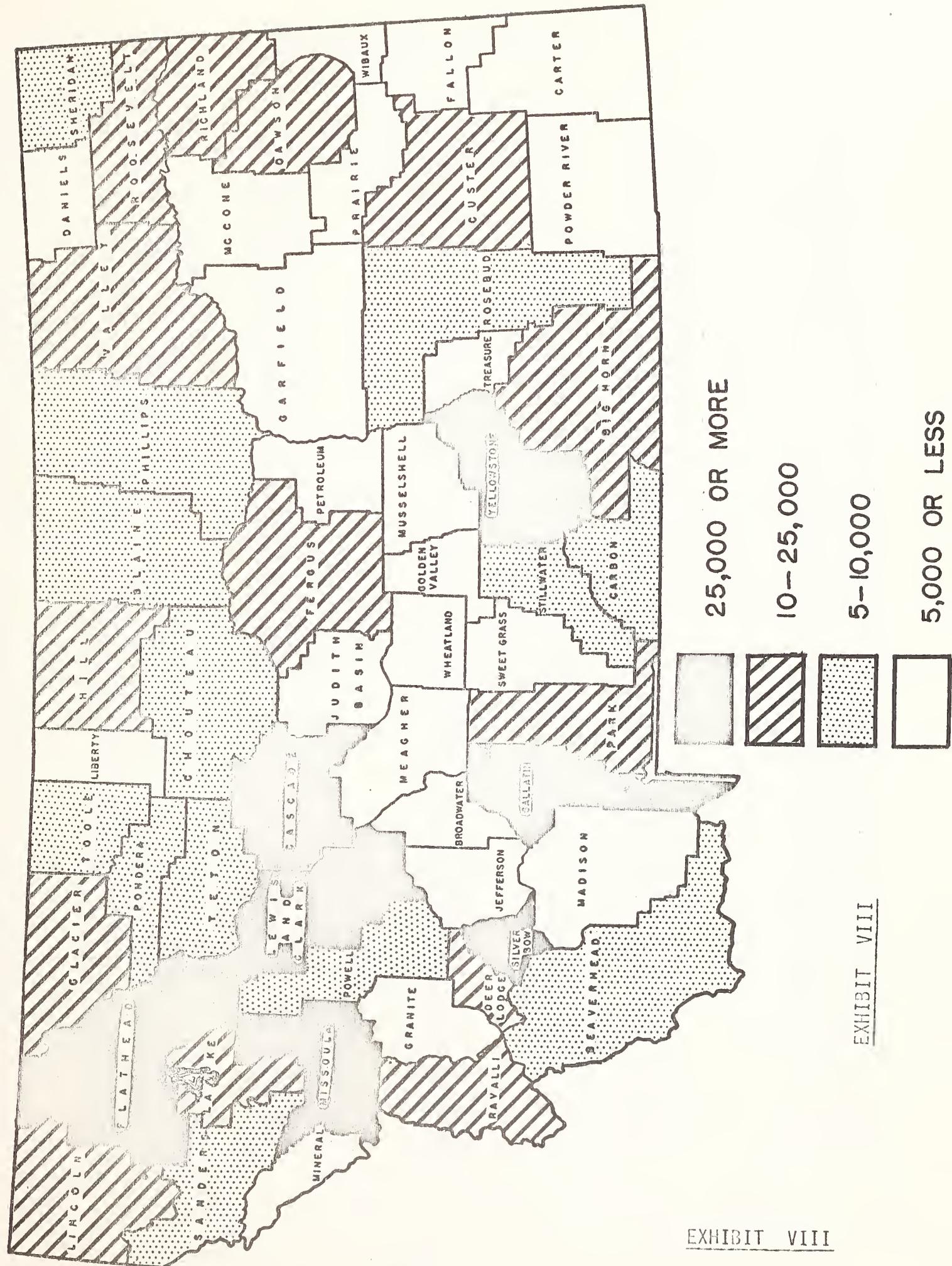


EXHIBIT VII

POPULATION ESTIMATES  
Montana Counties, July 1, 1965



POPULATION ESTIMATES BY COUNTY

July 1, 1965

County	Population	Aged 65 and over Percent	Aged 65 and over Number	Projected Population 1971	Projected 1971 Aged 65 and over Percent	Projected 1971 Aged 65 and over Number
Beaverhead	7,300	11.5	839	7,700	11.5	839
Big Horn	10,000	7.4	739	10,200	7.4	739
Blaine	8,100	10.6	857	7,400	10.6	857
Broadwater	2,800	11.5	320	2,600	11.5	320
Carbon	7,900	15.0	1,180	6,400	15.0	1,180
Carter	2,400	10.3	246	2,100	10.3	246
Cascade	78,900	7.7	6,065	93,400	7.7	6,065
Chouteau	7,400	10.6	782	7,000	10.6	782
Custer	13,600	11.8	1,603	13,200	11.8	1,603
Daniels	3,800	11.5	435	3,200	11.5	435
Dawson	12,600	7.4	930	15,400	7.4	930
Deer Lodge	18,500	10.1	1,860	20,100	10.1	1,860
Fallon	4,000	8.9	354	4,200	8.9	354
Fergus	14,600	13.6	1,980	13,500	13.6	1,980
Flathead	34,200	11.4	3,890	35,000	11.4	3,890
Gallatin	27,100	8.9	2,410	31,000	8.9	2,410
Garfield	2,000	11.1	222	1,700	11.1	222
Glacier	12,600	5.9	742	13,200	5.9	742
Golden Valley	1,200	14.5	173	1,000	14.5	173
Granite	3,000	10.8	323	3,200	10.8	323
Hill	19,300	8.2	1,580	23,000	8.2	1,580
Jefferson	4,400	9.8	430	4,600	9.8	430
Judith Basin	3,000	10.5	314	2,800	10.5	314
Lake	13,400	13.3	1,780	11,900	13.3	1,780
Lewis & Clark	29,100	10.3	2,990	32,000	10.3	2,990
Liberty	2,600	6.3	163	2,900	6.3	163
Lincoln	13,500	7.3	983	17,400	7.3	983
McCone	3,300	9.8	322	3,200	9.8	322
Madison	4,600	13.5	620	5,100	13.5	620
Meagher	2,600	11.0	285	3,300	11.0	285
Mineral	3,200	7.3	234	4,500	7.3	234
Missoula	46,200	9.2	4,242	52,300	9.2	4,242
Musselshell	4,900	14.3	700	4,100	14.3	700
Park	13,100	11.8	1,540	13,900	11.8	1,540
Petroleum	900	11.1	100	800	11.1	100
Phillips	6,000	13.2	790	5,400	13.2	790
Pondera	7,600	8.3	631	8,100	8.3	631
Powder River	2,500	9.7	242	2,200	9.7	242
Powell	7,400	9.8	725	7,700	9.8	725
Prairie	2,300	11.1	255	2,000	11.1	255
Ravalli	12,400	14.6	1,810	13,000	14.6	1,810
Richland	10,600	10.6	1,120	10,000	10.6	1,120
Roosevelt	11,700	9.4	1,100	13,000	9.4	1,100

EXHIBIT IX-A.

<u>County</u>	<u>Population</u>	<u>Aged 65 and over Percent</u>	<u>Number</u>	<u>Projected Population 1971</u>	<u>Projected 1971 Aged 65 and over Percent</u>	<u>Number</u>
Rosebud	6,200	10.4	640	5,600	10.4	640
Sanders	6,900	13.3	919	6,500	13.3	918
Sheridan	6,600	12.1	799	5,700	12.1	799
Silver Bow	47,200	11.0	5,190	50,200	11.0	5,190
Stillwater	5,300	11.9	630	5,200	11.9	630
Sweet Grass	3,200	15.2	485	2,800	15.2	485
Teton	7,200	10.0	719	6,900	10.0	719
Toole	7,900	7.8	615	8,400	7.8	615
Treasurer	2,300	9.0	116	1,200	9.0	116
Valley	22,700	6.5	1,470	21,700	6.5	1,470
Wheatland	3,000	13.4	400	2,700	13.4	400
Wibaux	1,700	11.3	192	1,400	11.3	192
Yellowstone	80,200	7.4	5,920	100,000	7.4	5,920
 TOTAL	 696,000	 67,000	 753,000	 67,000	 67,000	 67,000

POPULATION ESTIMATES BY REGION

July 1, 1965

REGION I; Northwestern

129,800

<u>County</u>	<u>Population</u>	<u>Aged 65 and over</u>	<u>Projected</u>	<u>Aged 65</u>
		<u>Percent</u>	<u>Population 1971</u>	<u>and over</u>
Lincoln	13,500	7.3	983	983
Flathead	34,200	11.4	3,890	3,890
Lake	13,400	13.3	1,780	1,780
Sanders	6,900	13.3	918	918
Mineral	3,200	7.3	234	234
Missoula	46,200	9.2	4,242	4,242
Ravalli	12,400	14.6	1,810	1,810
	<u>129,800</u>		<u>13,857</u>	<u>13,857</u>
			<u>140,600</u>	

REGION II; Northern

160,600

Glacier	12,600	5.9	742	13,200	742
Toole	7,900	7.8	615	8,400	615
Pondera	7,600	8.3	631	8,100	631
Liberty	2,600	6.3	163	2,900	163
Hill	19,300	8.2	1,580	23,000	1,580
Blaine	8,100	10.6	857	7,400	857
Phillips	6,000	13.2	790	5,400	790
Teton	7,200	10.0	719	6,900	719
Chouteau	7,400	10.6	782	7,000	782
Cascade	78,900	7.7	6,065	93,400	6,065
Judith Basin	3,000	10.5	314	2,800	314
	<u>160,600</u>		<u>13,258</u>	<u>178,500</u>	<u>13,258</u>

REGION III; Southwestern

154,000

Lewis & Clark	29,100	10.3	2,990	32,000	2,990
Jefferson	4,400	9.8	430	4,600	430
Broadwater	2,800	11.5	320	2,600	320
Meagher	2,600	11.0	285	3,300	285
Powell	7,400	9.8	725	7,700	725
Granite	3,000	10.8	323	3,200	323
Deer Lodge	18,500	10.1	1,860	20,100	1,860
Silver Bow	47,200	11.0	5,190	50,200	5,190
Beaverhead	7,300	11.5	839	7,700	839
Madison	4,600	13.5	620	5,100	620
Gallatin	27,100	8.9	2,410	31,000	2,410
	<u>154,000</u>		<u>15,992</u>	<u>167,500</u>	<u>15,992</u>

EXHIBIT IX-B.

REGION IV; Southern

145,600

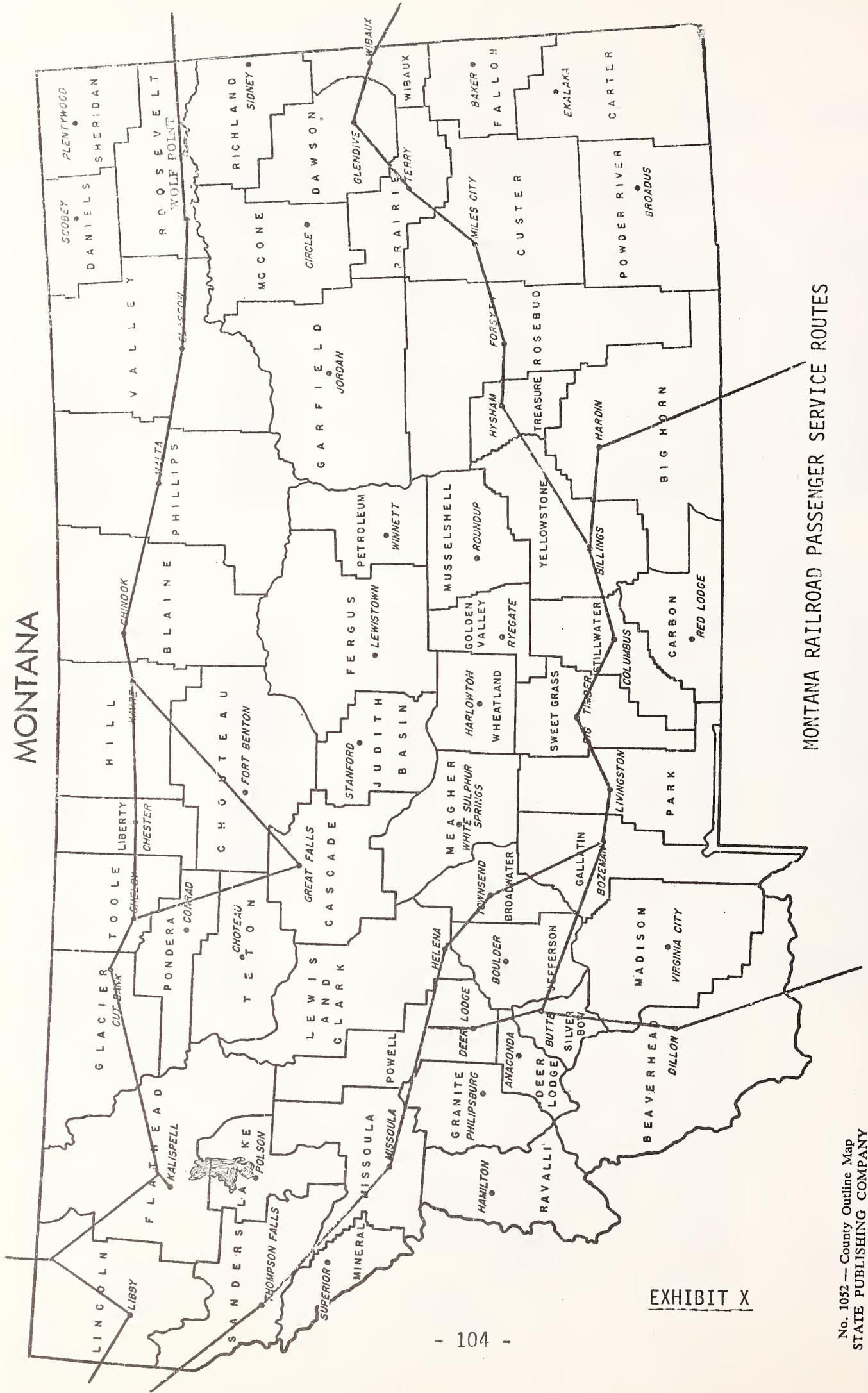
<u>County</u>	<u>Population</u>	<u>Aged 65 and over</u>		<u>Projected Population 1971</u>	<u>Aged 65 and over</u>
		<u>Percent</u>	<u>Number</u>		
Fergus	14,600	13.6	1,980	13,500	1,980
Petroleum	900	11.1	100	800	100
Wheatland	3,000	13.4	400	2,700	400
Park	13,100	11.8	1,540	13,900	1,540
Sweet Grass	3,200	15.2	485	2,800	485
Golden Valley	1,200	14.5	173	1,000	173
Musselshell	4,900	14.3	700	4,100	700
Stillwater	5,300	11.9	630	5,200	630
Yellowstone	80,200	7.4	5,920	100,000	5,920
Treasure	1,300	9.0	116	1,200	116
Carbon	7,900	15.0	1,180	6,400	1,180
Big Horn	10,000	7.4	739	10,200	739
	<u>145,600</u>		<u>13,963</u>	<u>161,800</u>	<u>13,963</u>

REGION V; Eastern

106,000

Valley	22,700	6.5	1,470	21,700	1,470
Daniels	3,800	11.5	435	3,200	435
Sheridan	6,600	12.1	799	5,700	799
Roosevelt	11,700	9.4	1,100	13,000	1,100
McCone	3,300	9.8	322	3,200	322
Richland	10,600	10.6	1,120	10,000	1,120
Dawson	12,600	7.4	930	15,400	930
Prairie	2,300	11.1	255	2,000	255
Wibaux	1,700	11.3	192	1,400	192
Garfield	2,000	11.1	222	1,700	222
Rosebud	6,200	10.4	640	5,600	640
Custer	13,600	11.8	1,603	13,200	1,603
Fallon	4,000	8.9	354	4,200	354
Powder River	2,500	9.7	242	2,200	242
Carter	2,400	10.3	246	2,100	246
	<u>106,000</u>		<u>9,930</u>	<u>104,600</u>	<u>9,930</u>

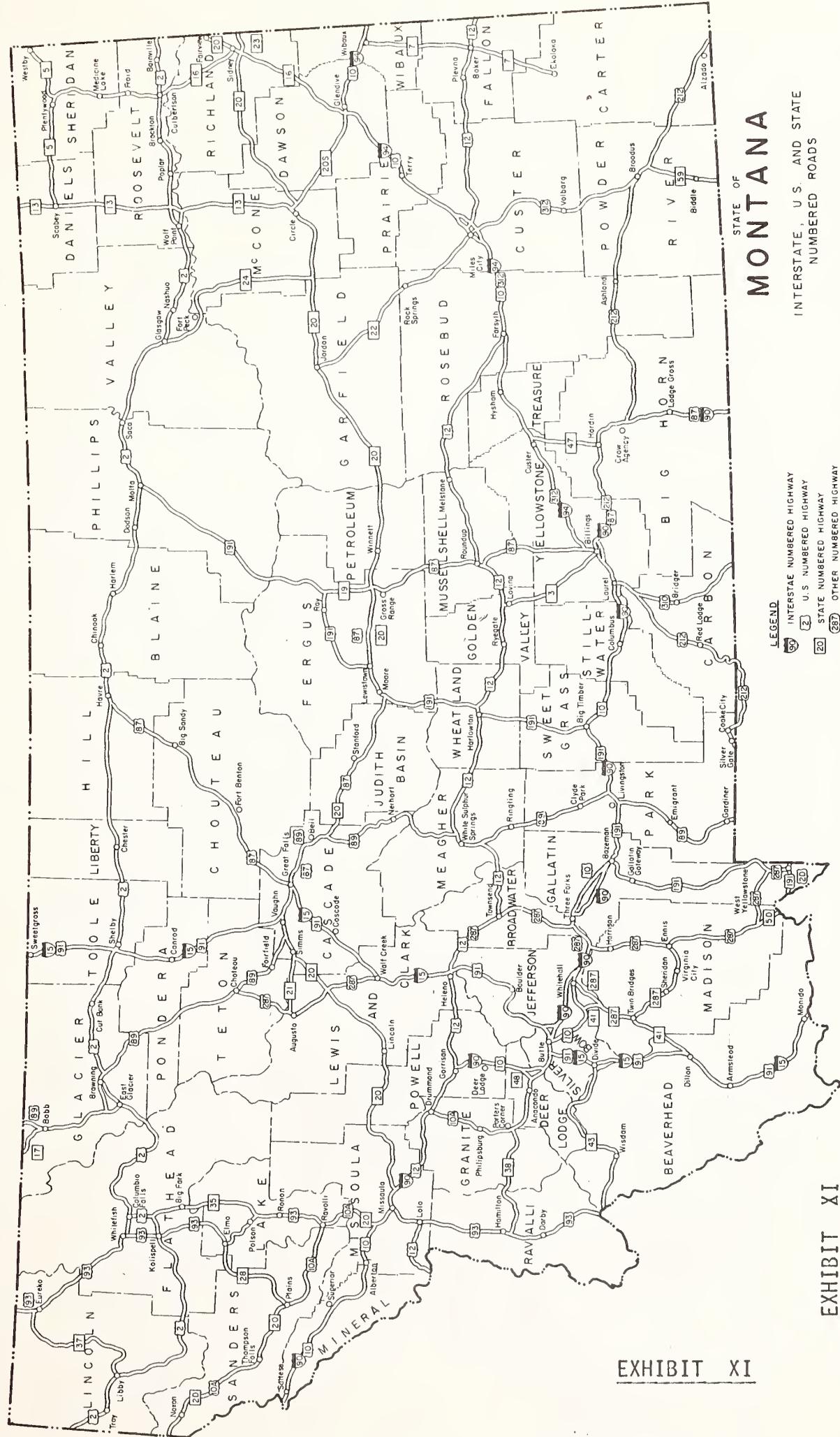
## MONTANA



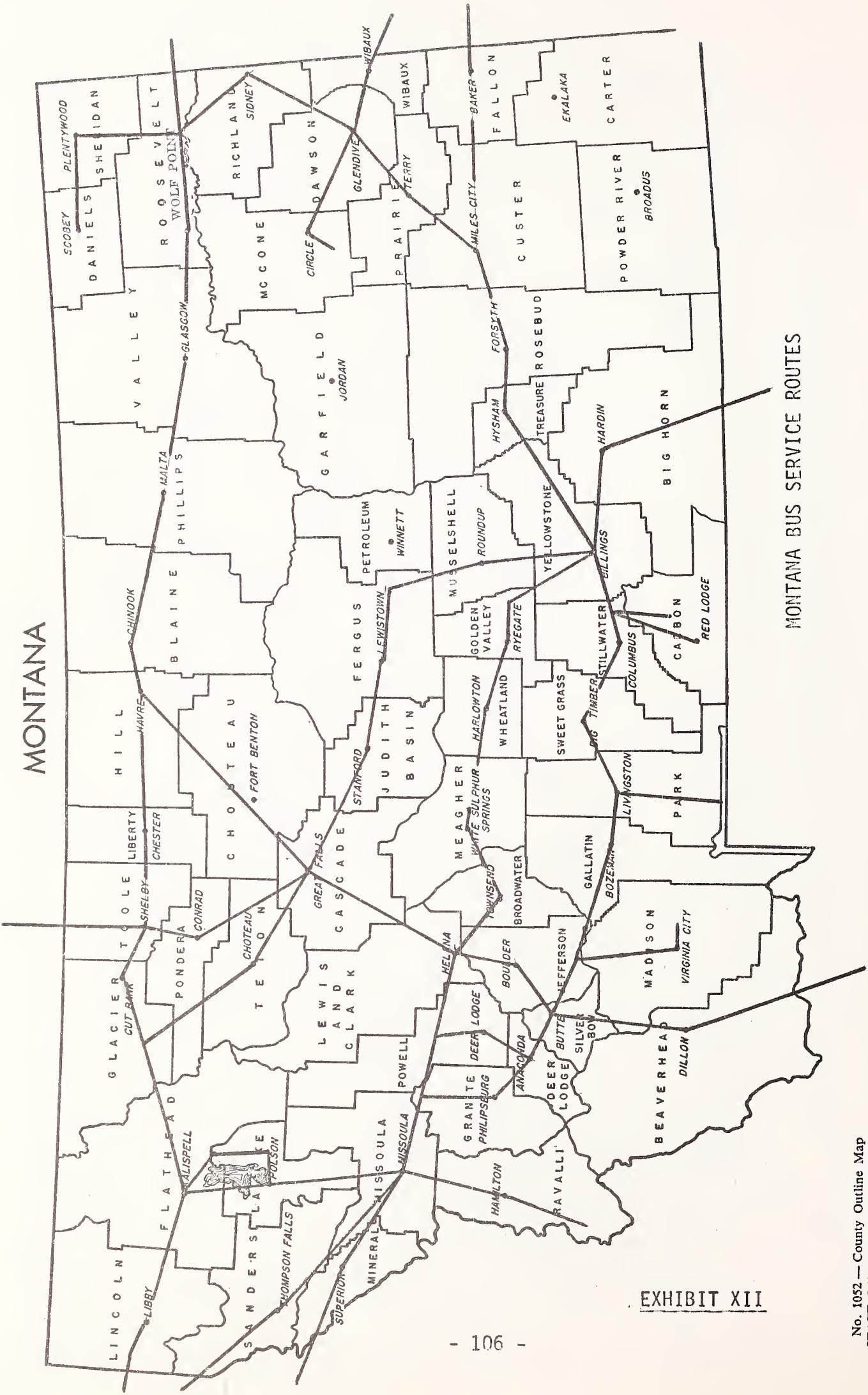
# MONTANA RAILROAD PASSENGER SERVICE ROUTES

EXHIBIT X

No. 1052 — County Outline Map  
STATE PUBLISHING COMPANY



## MONTANA



## MONTANA BUS SERVICE ROUTES

EXHIBIT XII

No. 1052 — County Outline Map  
STATE PUBLISHING COMPANY  
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EXHIBIT XII

## MONTANA

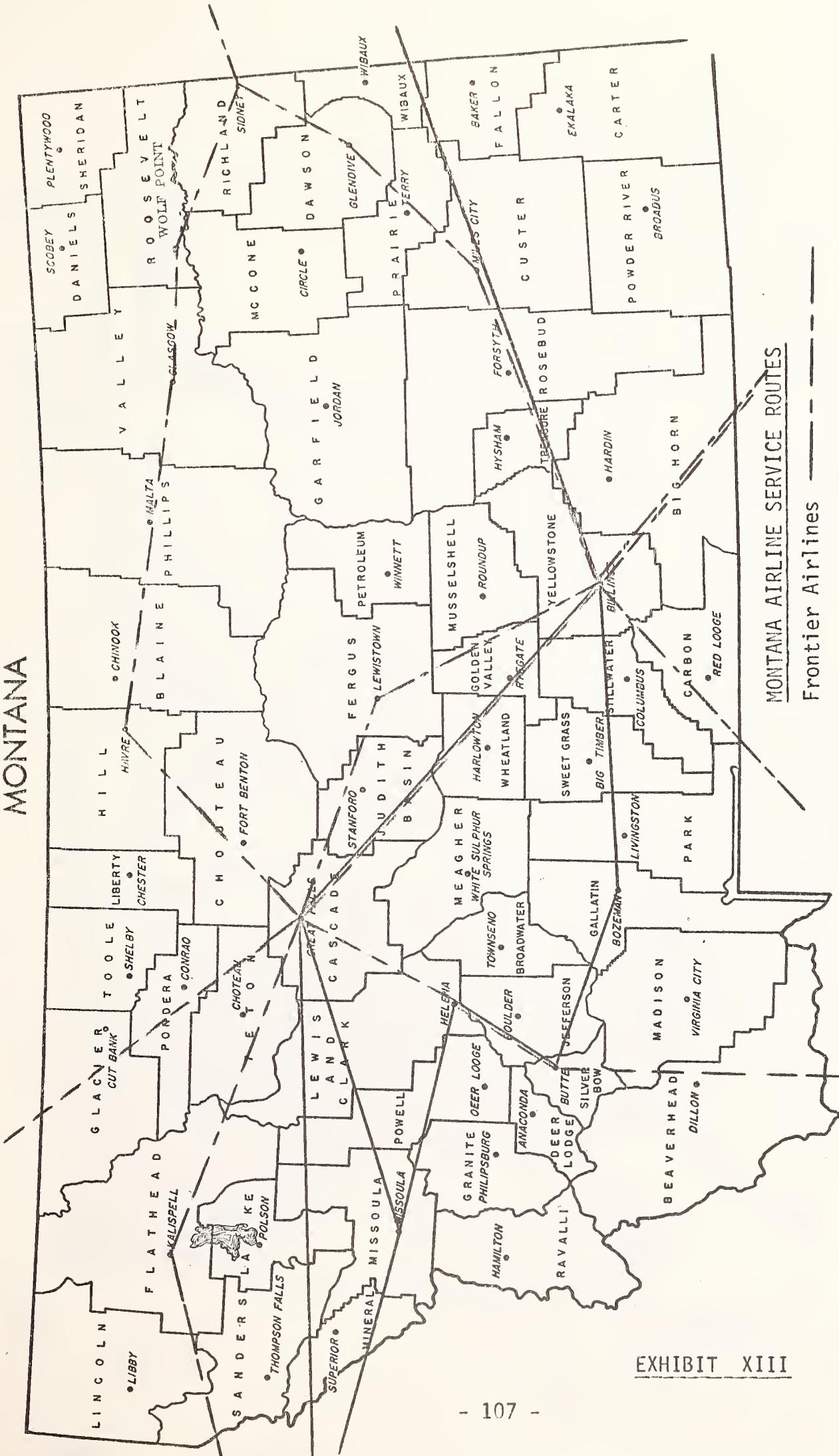


EXHIBIT XIII

No. 1052 — County Outline Map  
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Western Airlines

**EXHIBIT XIII**

## Montana

EASTERN

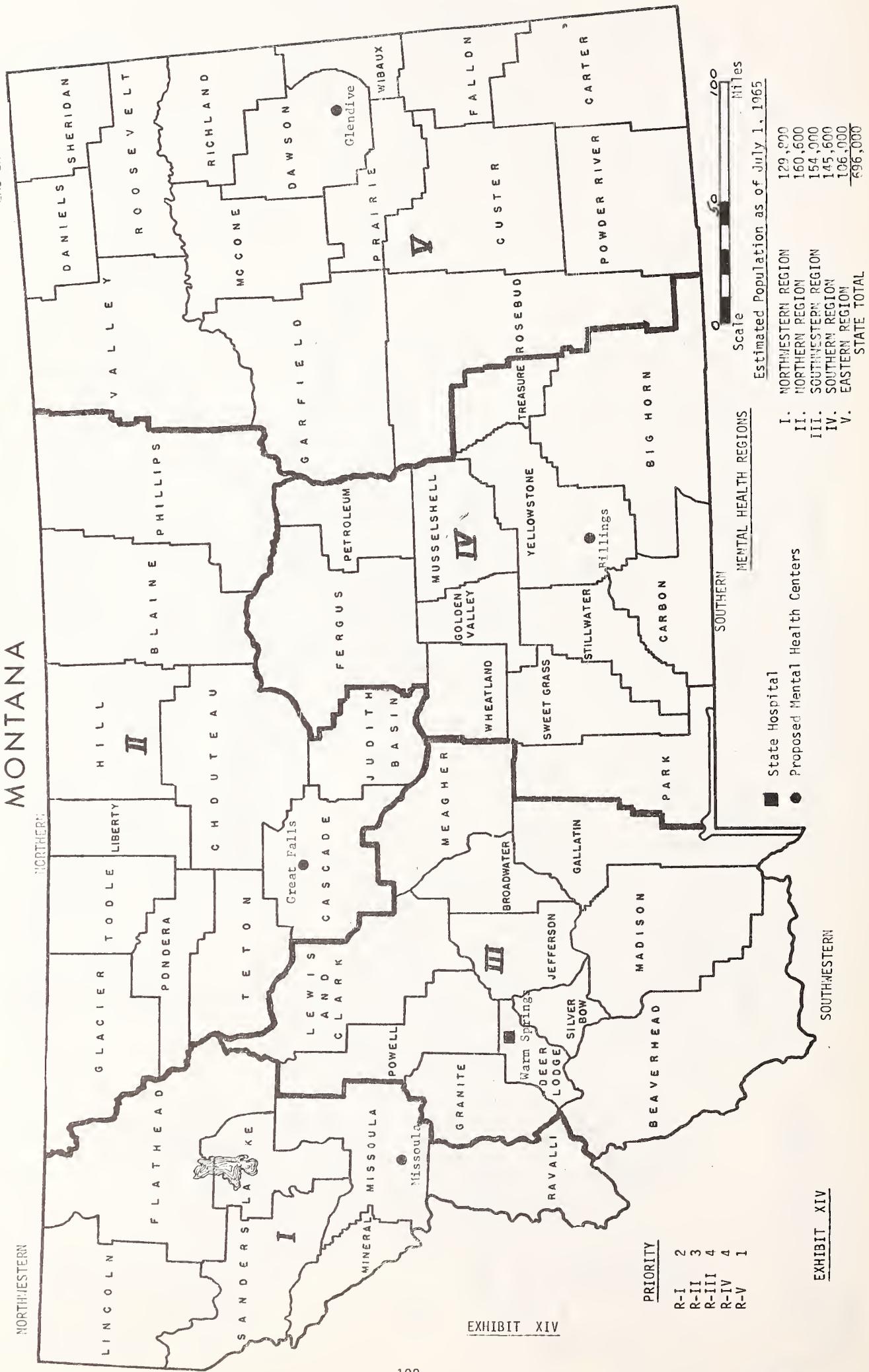


EXHIBIT XIV





EXHIBIT XVI

PART A

INVENTORY OF PSYCHIATRIC FACILITIES

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:		a. NAME <b>Missoula Mental Hygiene Clinic</b>	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one)
		b. ADDRESS <b>University Health Center</b>	<input checked="" type="checkbox"/> FEDERAL GOVERNMENT <input type="checkbox"/> LOCAL OR STATE GOVERNMENT <input type="checkbox"/> VOLUNTARY (nonprofit) <input type="checkbox"/> PROPRIETARY
		c. ADDRESS <b>University of Montana</b>	<b>Mont. Dept. of Mental Hygiene</b>
		d. CITY <b>Missoula, Montana</b>	<b>Northwestern Montana</b>
		e. STATE <b>Montana</b>	<b>3. Area</b>
		f. ZIP CODE <b>59801</b>	<b>R-I</b>
2. Geographic area served: (Specify areas served by this facility)			
TO BE FILLED IN BY STATE AGENCIES			

4.4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit.

NAME OF UNIT <small>(Address if different from Item 1b)</small>		ELEMENTS OF SERVICE OFFERED										ELIGIBILITY REQUIREMENTS						NUMBER OF BEDS (Inpatient(s)) OR NUMBER OF ACCOMMODA- TIONS (Day Program)							
(1) <b>Missoula Mental Hygiene Clinic</b>		<input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> OTHER										AGE <input type="checkbox"/> LIMITED <small>(Specify Minimum and Maximum Ages Accepted)</small> <small>NO LIMITATION</small>						INCOME OF FAMILY <input type="checkbox"/> LIMITED <small>(Specify Income Groups Served)</small> <small>NO LIMITATION</small>		DIAGNOSTIC <small>OR MEDICAL GROUPS ONLY</small> <input type="checkbox"/> LIMITED <small>(Specify on Page 5)</small> <small>NO LIMITATION</small>		LAST YEAR <small>TOTAL ADMISSIONS TOTAL DISCHARGES</small> <small>LAST YEAR END OF YEAR END OF YEAR</small>			
(2)																									
(3)																									
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(10)																									

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5. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE <i>(Report all persons employed by the facility in those disciplines.)</i>	REGULAR STAFF		TRAINNEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME <i>(35 hours or more per week)</i>	PART TIME <i>(less than 35 hours per week)</i>		
Psychiatrist(s)		1		4
Psychologist(s)		1		20
Social Worker(s)	1			40
Nurse(s)				
Psychiatric Aide(s)				
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)				

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification a. NAME <b>Montana Deaconess Hospital</b> b. ADDRESS <b>1101 - 26th Street South</b> c. <b>Great Falls, Montana</b>		c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one) <input type="checkbox"/> FEDERAL GOVERNMENT <input checked="" type="checkbox"/> VOLUNTARY (nonprofit) <input type="checkbox"/> PROPRIETARY		2. Geographic area served: (Specify area served by this facility) <b>Northern Montana</b>		TO BE FILED: BY STATE ACS 3. Area																																																																																															
						<b>R-II</b>																																																																																															
<p>4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit:</p> <table border="1"> <thead> <tr> <th rowspan="2">NAME OF UNIT (Address if different from Item 1b)</th> <th colspan="6">ELEMENTS OF SERVICE OFFERED</th> <th rowspan="2">ELIGIBILITY REQUIREMENTS</th> </tr> <tr> <th>INPATIENT</th> <th>OUTPATIENT</th> <th>DAY</th> <th>NIGHT</th> <th>OTHER (Specify On Page 5)</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td><b>Montana Deaconess Hospital</b></td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(4)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>1/2/</b></td> </tr> <tr> <td>(5)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>Total admissions 622</b></td> </tr> <tr> <td>(6)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>2/</b></td> </tr> <tr> <td>(7)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>Total discharges 600</b></td> </tr> <tr> <td>(8)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(9)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(10)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								NAME OF UNIT (Address if different from Item 1b)	ELEMENTS OF SERVICE OFFERED						ELIGIBILITY REQUIREMENTS	INPATIENT	OUTPATIENT	DAY	NIGHT	OTHER (Specify On Page 5)	AGE	<b>Montana Deaconess Hospital</b>	X	X	X	X	X	X	X	(2)								(3)								(4)							<b>1/2/</b>	(5)							<b>Total admissions 622</b>	(6)							<b>2/</b>	(7)							<b>Total discharges 600</b>	(8)								(9)								(10)							
NAME OF UNIT (Address if different from Item 1b)	ELEMENTS OF SERVICE OFFERED						ELIGIBILITY REQUIREMENTS																																																																																														
	INPATIENT	OUTPATIENT	DAY	NIGHT	OTHER (Specify On Page 5)	AGE																																																																																															
<b>Montana Deaconess Hospital</b>	X	X	X	X	X	X	X																																																																																														
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EXHIBIT 1

## Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE <i>(Report all persons employed by the facility in those disciplines.)</i>	REGULAR STAFF		TRAINNEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME <i>(35 hours or more per week)</i>	PART TIME <i>(less than 35 hours per week)</i>		
Psychiatrist(s)				
Psychologist(s)				
Social Worker(s)				
Nurse(s)	7	5		416
Psychiatric Aide(s)	6			240
Total other professional staff <i>(include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)</i>	3	1		144

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## 6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:		a. NAME <b>Mental Health Clinic</b>		c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one)	
		b. ADDRESS <b>1130 17th Avenue South Great Falls, Montana</b>		<input checked="" type="checkbox"/> LOCAL OR STATE GOVERNMENT	
				<input type="checkbox"/> VOLUNTARY (nonprofit)	
				<input type="checkbox"/> PROPRIETARY	
				2. Geographic area served: (Specify area served by this facility) <b>Northern Montana (Northcentral &amp; Northeast 17 counties).</b>	
				3. Area R-II	

4. List separately all units under the administration of this facility. Check off elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit:

NAME OF UNIT (Address if different from Item 1b)	ELEMENTS OF SERVICE OFFERED										ELIGIBILITY REQUIREMENTS				LAST YEAR TOTAL DISCHARGES	LAST YEAR TOTAL ADMISSIONS	NUMBER OF RESIDENT PATIENTS (Inpatient Unit)	NUMBER OF ACCOMMODA- TIONS (Day Program)
	PARTIAL HOSPITAL- IZATION	INPATIENT	OUTPATIENT	EMERGENCY (24 hours)	CONSULTATION	DIAGNOSTIC	REHABILITATIVE	PRE-EXERCISE/ EXERCISE	TRAINING	RESEARCH	AGE	DIAGNOSTIC OR SPECIAL GROUPS ONLY	INCOME OF FAMILY (Specify Minimum Age & Accepted)	LIMITED INCOME SERVED				
	DAY	NIGHT	DA	DA	DA	DA	DA	DA	DA	DA	MIN.	MAX.	MIN.	MAX.	LIMITED AGE MIN.	LIMITED AGE MAX.		
(1) <b>Mental Health Clinic</b>	X				X	X	X	X	X	X			X	X	1	NA	273	
(2)																		
(3)																		
(4)																		
(5)																		
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EXHIBIT 1

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## 5. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE (Report all persons employed by the facility in these disciplines.)	REGULAR STAFF		TRAINEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME (35 hours or more per week)	PART TIME (less than 35 hours per week)		
Psychiatrist(s)	1			40
Psychologist(s)	1			40
Social Worker(s)	2			80
Nurse(s)				
Psychiatric Aide(s)				
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)				

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## 6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:	a. NAME Montana State Hospital	b. ADDRESS Warm Springs, Montana	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one) <input checked="" type="checkbox"/> LOCAL OR STATE GOVERNMENT <input type="checkbox"/> VOLUNTARY (nonprofit) <input type="checkbox"/> PROPRIETARY	d. MONT. DEPT. OF STATE INSTITUTIONS	2. Geographic area served: (Specify area served by this facility) State-wide	3. Area R-III	TO BE FILLED IN: BY STATE AGENCIES
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4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit:

NAME OF UNIT (Address if different from 1b)	ELEMENTS OF SERVICE OFFERED										ELIGIBILITY REQUIREMENTS				NUMBER OF RESIDENT PATIENTS (In General, Institutional, or Hospitalized) END OF YEAR	NUMBER OF BEDS (Inspector(s) or Number of Patients Accommodated (Occupation Total) END OF YEAR)
	INPATIENT	OUTPATIENT	EMERGENCY (24 Hours)	CONSULTATION	DIAGNOSTIC	REHABILITATIVE	PRE-CARE/	RESEARCH	TRAINING	OTHER (Specify on Page 5)	AGE	DIAGNOSTIC OR SPECIAL GROUPS ONLY	INCOME OF FAMILY LIMITED (Specify Minimum Age Accepted)	TO LIMIT ED SPECIFIC GROUPS SPECIFIED ON PAGE 5)		
(1) Montana State Hospital	X		X	X	X	X			X			X	X		1/ 2/ 1467	1,467*
(2)																
(3)																
(4)																
(5)																
(6)																
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(9)																
(10)																

EXHIBIT 1

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## C. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

XEROX

PROFESSIONAL DISCIPLINE (Report all persons employed by the facility in these disciplines.)	REGULAR STAFF		TRAIINEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME (35 hours or more per week)	PART TIME (less than 35 hours per week)		
Psychiatrist(s)	10			400
Psychologist(s)	3			120
Social Worker(s)	4			160
Nurse(s)	17			
Psychiatric Aide(s)	320			
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)	O. T. 2 Other 7	D.D.S. 1 M. D. 3		

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## C. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes  No

If "NO" describe the limitations and the unit affected.

→

B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes  No

If "NO" describe limitations in transfer policies.

→

C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes  No

If "NO", describe impediments in the transfer of such information.

→

D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes  No

If "NO", describe policies.

→

EXHIBIT 1

Form 3

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:	a. NAME Mental Hygiene Clinic	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one)	2. Geographic area served: (Specify area served by this facility)
	b. ADDRESS 129 West Park Street Butte, Montana	<input checked="" type="checkbox"/> FEDERAL GOVERNMENT	TO BE FILLED BY STATE AGC 3. Area
		<input type="checkbox"/> LOCAL OR STATE GOVERNMENT	
		<input type="checkbox"/> VOLUNTARY (nonprofit)	
		<input type="checkbox"/> PROPRIETARY	
			R-III

4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit.

ELEMENTS OF SERVICE OFFERED	ELIGIBILITY REQUIREMENTS						NUMBER OF BEDS (Capacity) OR NUMBER OF ACCOMMOA- TIONS (Day Program)	
	NAME OF UNIT <i>(Address if different from Item 1b)</i>	NAME OF FAMILY MEMBER (Specify on Page 5)	AGE LIMITATION NO. ON Page 5)	DIAGNOSTIC OR SPECIAL GROUPS ONLY	INCOME OF FAMILY LIMITED (Specify on Page 5)	RESIDENT PATIENTS (Patient Unit) END OF YEAR OR NUMBER ON ROLLS (Occupant Unit) END OF YEAR		
INPATIENT	OUTPATIENT (Specify on Page 5)	DAY	OTHER (Specify on Page 5)	RESEARCH TRAINING	LAST VISIT NO. ON Page 5)	TOTAL DISCHARGES LAST VISIT NO. ON Page 5)		
PARTIAL HOSPITALI- ZATION	OUTPATIENT (Specify on Page 5)	NIGHT	REHABILITATIVE	RESEARCH TRAINING	LAST VISIT NO. ON Page 5)	TOTAL DISCHARGES LAST VISIT NO. ON Page 5)		
OUTPATIENT (Specify on Page 5)	OUTPATIENT (Specify on Page 5)	DAY	DIAGNOSTIC	REHABILITATIVE	LAST VISIT NO. ON Page 5)	TOTAL DISCHARGES LAST VISIT NO. ON Page 5)		
CONSULTATION (Specify on Page 5)	CONSULTATION (Specify on Page 5)	NIGHT	REHABILITATIVE	REHABILITATIVE	LAST VISIT NO. ON Page 5)	TOTAL DISCHARGES LAST VISIT NO. ON Page 5)		
EMERGENCY (Specify on Page 5)	EMERGENCY (Specify on Page 5)	DAY	REHABILITATIVE	REHABILITATIVE	LAST VISIT NO. ON Page 5)	TOTAL DISCHARGES LAST VISIT NO. ON Page 5)		
(1) Mental Hygiene Clinic	X	X	X	X	X	X	X	1/ 2/ 144
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

EXHIBIT 1

Page 2

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## 5. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE (Report all persons employed by the facility in these disciplines.)	REGULAR STAFF		TRAINNEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME (35 hours or more per week)	PART TIME (less than 35 hours per week)		
Psychiatrist(s)		2 (1 day/wk)		16 *
Psychologist(s)		2 (1 day/wk)		16*
Social Worker(s)		2 (1 day/wk)		16*
Nurse(s)				
Psychiatric Aide(s)				
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)		*From Montana State Hospital, Warm Springs.		

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## 6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:	a. NAME Mental Hygiene Clinic of Helena	b. ADDRESS 555 Fuller Avenue	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one)
			<input checked="" type="checkbox"/> LOCAL OR STATE GOVERNMENT
			<input type="checkbox"/> FEDERAL GOVERNMENT
			<input type="checkbox"/> VOLUNTARY (nonprofit)
			<input type="checkbox"/> PROPRIETARY

Monte F. Pept. of Mental Hygiene

4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; and give utilization data on each unit:

NAME OF UNIT (Address if different from Item 1b)	ELEMENTS OF SERVICE OFFERED										NUMBER OF RESIDENT PATIENTS (Inpatient Unit) OR AVERAGE NUMBER OF PATIENTS ON NO. OF DAYS ACCOMMODATED LAST YEAR 177/65	NUMBER OF BEGS (Inpatient Unit) OR NUMBER OF PATIENTS ON NO. OF DAYS ACCOMMODATED LAST YEAR 348
	INPATIENT	OUTPATIENT	DAY	NIGHT	OTHER (Specify on Page 5)	REHABILITATIVE	DIAGNOSTIC	CONSULTATION	EVALUATION	RESEARCH		
(1) Mental Hygiene Clinic of Helena	X				X	X	X	X	X	X	20	LIMITED OR SPECIAL GROUPS ONLY TO LIMITED SPECIFIC GROUPS ON PAGE 5 20 MIN. MAX.
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

EXHIBIT 1

## 5. of Ps. in Facility: (Report total of all persons in All units)

PROFESSIONAL DISCIPLINE <i>(Report all persons employed by the facility in these disciplines.)</i>	REGULAR STAFF		TRAINNEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME <i>(35 hours or more per week)</i>	PART TIME <i>(less than 35 hours per week)</i>		
Psychiatrist(s)	1			40
Psychologist(s)	1			40
Social Worker(s)		1 (half-time)		20
Nurse(s)				
Psychiatric Aide(s)				
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)				

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## 6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:		a. NAME St. Peter's Hospital	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one) <input type="checkbox"/> FEDERAL GOVERNMENT <input type="checkbox"/> LOCAL OR STATE GOVERNMENT <input checked="" type="checkbox"/> VOLUNTARY (nonprofit) <input type="checkbox"/> PROPRIETARY	2. Geographic area served: (Specify area served by this facility) Southwestern Montana	TO BE FILLED IN BY STATE AGENT 3. Area R-III
		b. ADDRESS Helena, Montana	d. NAME OF OPERATING ORGANIZATION: St. Peter's Hospital, Inc.		

4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit:

ELEMENTS OF SERVICE OFFERED	ELIGIBILITY REQUIREMENTS				NUMBER OF BEDS (Inpatient or Outpatient)	NUMBER OF PATIENTS (Or Inpatients or Outpatients)	NUMBER OF CABINS OR ACCOMMODATIONS (Or Inpatient or Outpatient or Other Accommodations)
	NAME OF UNIT (Address if different from Item 1b)	AGE LIMITED (Specify Minimum and Maximum Age Accepted)	DIAGNOSTIC OR SPACIAL GROUPS ONLY LIMITATION NO LIMITATION 2 MAX.	INCOME OF FAMILY LIMITATION (Specify Income Group Served) NO LIMITATION 2 MAX.			
(1) <b>St. Peter's Hospital</b>	X	X	X	X	X	X	X
(2)							
(3)							
(4)					1/ Not in operation - under construction		
(5)					2/ Psychiatric unit of a new 82 bed general hospital under construction		
(6)							
(7)							
(8)							
(9)							
(10)							

EXHIBIT 1





5. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE <i>(Report all persons employed by the facility in these disciplines.)</i>	REGULAR STAFF		TRAINEE'S AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME <i>(35 hours or more per week)</i>	PART TIME <i>(less than 35 hours per week)</i>		
Psychiatrist(s)				
Psychologist(s)				
Social Worker(s)				
Nurse(s)	2	2		160
Psychiatric Aide(s)	4	3		216
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)				

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.

B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.

C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.

D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.

EXHIBIT 1

## INVENTORY OF PSYCHIATRIC FACILITIES

1. Identification of facility:	a. NAME Billings Mental Hygiene Clinic	c. TYPE OF ORGANIZATION OPERATING FACILITY: (Check one)		2. Geographic area served: (Specify area served by this facility)		TO BE FILLED IN BY STATE AGENT 3. Area R-IV
	b. ADDRESS 2911 8th Avenue North Billings, Montana	<input checked="" type="checkbox"/> LOCAL OR STATE GOVERNMENT	<input type="checkbox"/> FEDERAL GOVERNMENT	<input type="checkbox"/> VOLUNTARY (nonprofit)	<input type="checkbox"/> PROPRIETARY	

NAME OF OPERATING ORGANIZATION  
Mont. Dept. of Mental Hygiene

4. List separately all units under the administration of this facility. Check all elements of service offered in each unit; specify eligibility requirements in each unit; and give utilization data on each unit.

NAME OF UNIT (Address if different from Item 1a)	ELEMENTS OF SERVICE OFFERED		ELIGIBILITY REQUIREMENTS		NUMBER OF PATIENTS (Inpatient Unit) NUMBER OF PATIENTS ON ROLLS (Outpatient Unit)	LAST YEAR TOTAL ADMISSIONS	LAST YEAR TOTAL DISCHARGES	NUMBER OF BEOS (Inpatients Or Number of Accommoda- tions (Day Prog- ram))
	INPATIENT	OUTPATIENT	AGE LIMITATION NO LIMIT MIN. MAX.	DIAGNOSTIC OR SPECIAL GROUPS ONLY NO LIMIT MIN. MAX.				
(1) Billings Mental Hygiene Clinic	X	X	X	X	X	1/	1/	171765
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

## 5. Staff of Psychiatric Facility: (Report total of all persons working in ALL units)

PROFESSIONAL DISCIPLINE <i>(Report all persons employed by the facility in these disciplines.)</i>	REGULAR STAFF		TRAINNEES AND RESIDENTS	TOTAL NUMBER OF MAN-HOURS PER WEEK
	FULL TIME <i>(35 hours or more per week)</i>	PART TIME <i>(less than 35 hours per week)</i>		
Psychiatrist(s)	1			40
Psychologist(s)	1			40
Social Worker(s)	1			40
Nurse(s)				
Psychiatric Aide(s)				
Total other professional staff (include other physicians, occupational therapists, speech therapists, recreational counselors, practical nurses, etc.)				

IF ONLY ONE UNIT IS LISTED IN ITEM #4, SKIP TO ITEM #7.

## 6. Relationships between units within psychiatric facility: (For additional space use Page 5)

A. Can any person eligible for treatment within any one unit also be eligible for treatment within any other unit?

Yes       No

If "NO" describe the limitations and the unit affected.



B. Can a patient within any one unit be transferred to any other unit provided adequate space is available and the transfer is indicated by clinical need?

Yes       No

If "NO" describe limitations in transfer policies.



C. Can clinical information concerning a patient which was obtained within one unit be made available to those responsible for that patient's treatment within any other unit?

Yes       No

If "NO", describe impediments in the transfer of such information.



D. When practicable and when not clinically contraindicated can those professional persons responsible for a patient's care within one of the units continue to care for that patient within any of the other units?

Yes       No

If "NO", describe policies.



EXHIBIT 1



EXHIBIT XVII

PART B

AREA SUMMARY OF PSYCHIATRIC FACILITIES

## AREA SUMMARY OF PSYCHIATRIC FACILITIES

AREA SUMMARY OF PSYCHIATRIC FACILITIES												Area:	
												R-II, Northern	
AUSPICES	FED. GOVT. LOCAL GOV'T. CITY, COUNTY, NONPRO- FIT, PROPRI- ETARY	INPATIENT	OUT- PATIENT	PARTIAL HOSPITALIZATION	EMERGENCY (24 hours)	CONSULTA- TION & EDUCATION	DIAGNOSTIC REHABILITATIVE	RESEARCH & EVALUA- TION	PRECAR- CARE	TRAINING	OTHER (Specify on Page 3)	NUMBER OF BEDS (Inpatient Units)	NUMBER OF SEPARA- TIONS LAST YEAR
Montana Deaconess Hospital Great Falls	NPA	X	X	X	X	X	X			X		600	33
Mental Health Clinic 1130 17th Avenue South Great Falls	State		X				X	X				N.A.	

## PART B

## AREA SUMMARY OF PSYCHIATRIC FACILITIES

NAME AND ADDRESS OF FACILITY	AUSPICES FED. GOVT. STATE LOCAL GOVT. VOLUN- TARY NONPRO- FIT; PROPRI- ETARY	CHECK SERVICES OFFERED IN THIS FACILITY (Facility includes any Units Within and All Associated Units)						TOTAL SEPARATIONS LAST YEAR	NUMBER OF BEDS (Inpatient Units)	NUMBER ACCOMMODA- (Day Pro- grams)
		OUT- PATIENT	PARTIAL- HOSPITALIZATION	EMERGENCY (24 hour)	CONSULTA- TION	DIAGNOSTIC EDUCATION	PRECAU- TIVE			
Missoula Mental Hygiene Clinic University Health Center University of Montana Missoula, Montana	State	X			X	X	X	X	270	

## AREA SUMMARY OF PSYCHIATRIC FACILITIES

R-III, Southwestern

NAME AND ADDRESS OF FACILITY	AUSPICES FED. GOVT; LOCAL/STATE GOVT; VOLUN- TARY; NONPRO- FIT; PROPRI- ETARY	CHECK SERVICES OFFERED IN THIS FACILITY (Facility includes any Units Within and All Associated Units)						NUMBER OF BEDS (Inpatient Units)	TOTAL SEPARATIONS LAST YEAR	NUMBER OF BEDS (Inpatient Units)	TOTAL SEPARATIONS LAST YEAR
		OUT- PATIENT	INPATIENT	PARTIAL HOSPITALIZATION	EMERGENCY (24 hours)	CONSULTA- TION & EDUCATION	DIAGNOSTIC/REHABILITATIVE				
Montana State Hospital Warm Springs	State	X		X	X	X	X	X	X	1,086	1,467
Mental Hygiene Clinic 1129 West Park St. Butte	State		X		X	X	X	X	X	N.A.	
Mental Hygiene Clinic of Helena 5555 Fuller Ave. Helena	State				X	X	X	X	X	N.A.	
St. Peter's Hospital	NPA					X	X	X	X	*	10
											*Under Construction

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## AREA SUMMARY OF PSYCHIATRIC FACILITIES

Area:

R-IV, Southern

NAME AND ADDRESS OF FACILITY	AUSPICES <small>FED. GOVT; LOCAL GOVT; FUNDING; PRIVATE; NONPROF- IT; VOLUN- TARY; PRO- PRIETARY</small>	CHECK SERVICES OFFERED IN THIS FACILITY <small>(Facility includes all Units within and All Associated Units)</small>						TOTAL SEPARATIONS LAST YEAR	NUMBER OF BEDS (Inpatient Units)	NUMBER OF ACCOMMODATIONS (Day Program)
		OUT- PATIENT	PARTIAL HOSPITALIZATION	EMERGENCY (24 hours)	CONSULTA- TION EDUCATION	DIAGNOSTIC REHABILITATIVE	PRECARE/ AFTER- CARE			
Billings Deaconess Hospital Billings	NPA	X		X	X	X	X		166	8
Billings Mental Hygiene Clinic 2911 8th Ave. N. Billings	State		X	X	X	X	X	N.A.		

EXHIBIT 2

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## PART B

## AREA SUMMARY OF PSYCHIATRIC FACILITIES

NAME AND ADDRESS OF FACILITY		CHECK SERVICES OFFERED IN THIS FACILITY (Facility includes any Units Within and All Associated Units)										TOTAL SEPARATIONS LAST YEAR		NUMBER OF BEDS (Inpatient Units)		NUMBER ACCOMMOD. (Day Prog., etc.)	
AUSPICES																	
FED. GOVT. STATE GOVT.; VOLUN- TARY; NONPRO- FIT; PROPRI- ETARY	INPATIENT		PARTIAL HOSPITALIZATION	OUT- PATIENT	EMERGENCY (24 hours)	CONSULTA- TION & EDUCATION	DIAGNOSTIC REHABILITATIVE					RESEARCH & TRAINING	PRECAR/ AFTER- CARE	OTHER (Specify Program)			
NONE																	

EXHIBIT XVIII

PART C

INVENTORY OF OTHER MENTAL HEALTH FACILITIES

## INVENTORY OF OTHER MENTAL HEALTH FACILITIES

R-I, Northwestern

AREA

Local  
& Fed.  
Mental Retardation Unit  
City-County Health Dept.  
Missoula

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EXHIBIT 3

## INVENTORY OF OTHER MENTAL HEALTH FACILITIES

R-III, Southwestern

AREA

Division of Vocational  
Rehabilitation  
Power Block  
Helena -

Mrs. Kathryn Sinclair  
Marriage Counselor  
Court of Conciliation  
Lewis & Clark Court House  
Helena

Local /  
State

Teen-age  
and adul

1,163

**EXHIBIT 3**

## INVENTORY OF OTHER MENTAL HEALTH FACILITIES

R-III, Southwestern

\* Patients transferred from Montana State Training School and Hospital at Boulder. These are retarded children and are in permanent custody and care. Patients who become unmanageable are transferred to the Montana State Hospital at Warm Springs.

\* Patients transferred from Mon  
Boulder. These are retarded  
care. Patients who become un  
Hospitl at Warm Spring.

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R-IV: Southern

\*To be eligible for admission patients are committed to Montana State Hospital at Warm Springs and then transferred pack and forth depending upon their condition to Lewistown.

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## STATEWIDE INVENTORY OF MANPOWER

## INSTRUCTIONS

The only items of information which **MUST** be completed are in Section A, Disciplines 1 through 6, showing Total Number in State. Disciplines 7 through 11 should be

filled in if information is available. They are left optional for this year's State Plan due to the present large gaps in information on these areas.

## SECTION A - TOTAL NUMBER IN STATE

DISCIPLINES	TOTAL NUMBER IN STATE (Within Mental Health settings or employed in Mental Health capacities)	DISCIPLINES	TOTAL NUMBER IN STATE (Within Mental Health settings or employed in Mental Health capacities)
1. Psychiatrists	22	7. Occupational Therapists	?
2. Psychiatric Residents	0	8. Recreational Counsellors	6
3. Psychologists	8	9. Vocational Counsellors	1
4. Social Workers	9	10. Special Education Teachers	---
5. Nurses	15	11. Others	8
6. Psychiatric Aides	339		

## SECTION B - TYPE OF SETTING

If possible, break down the number of persons in each Discipline by Type of Mental Health Setting. A professional's setting should be considered the place in which

the principal portion of his professional time is spent. Also, if possible, estimate for 1970 the number of professionals available in each discipline.

DISCIPLINES	Mental Hospitals	General Hospitals with Psychiatric Services	Residential Treatment Centers for Emotionally Disturbed Children	Institutions for the Mentally Retarded	Outpatient Psychiatric Clinics	Transitional Services	Academic Setting	Non-mental Health Setting	Private Practice	ESTIMATE FOR 1970
1. Psychiatrists	10				3				9	27
2. Psychiatric Residents										
3. Psychologists	3				5		5			22
4. Social Workers	3				6		?	6		30
5. Nurses	33	12								51
6. Psychiatric Aides	333	6								
7. Occupational Therapists	2									
8. Recreational Counsellors	6									
9. Vocational Counsellors	1									
10. Special Education Teachers										
11. Other	4	4								

## Montana

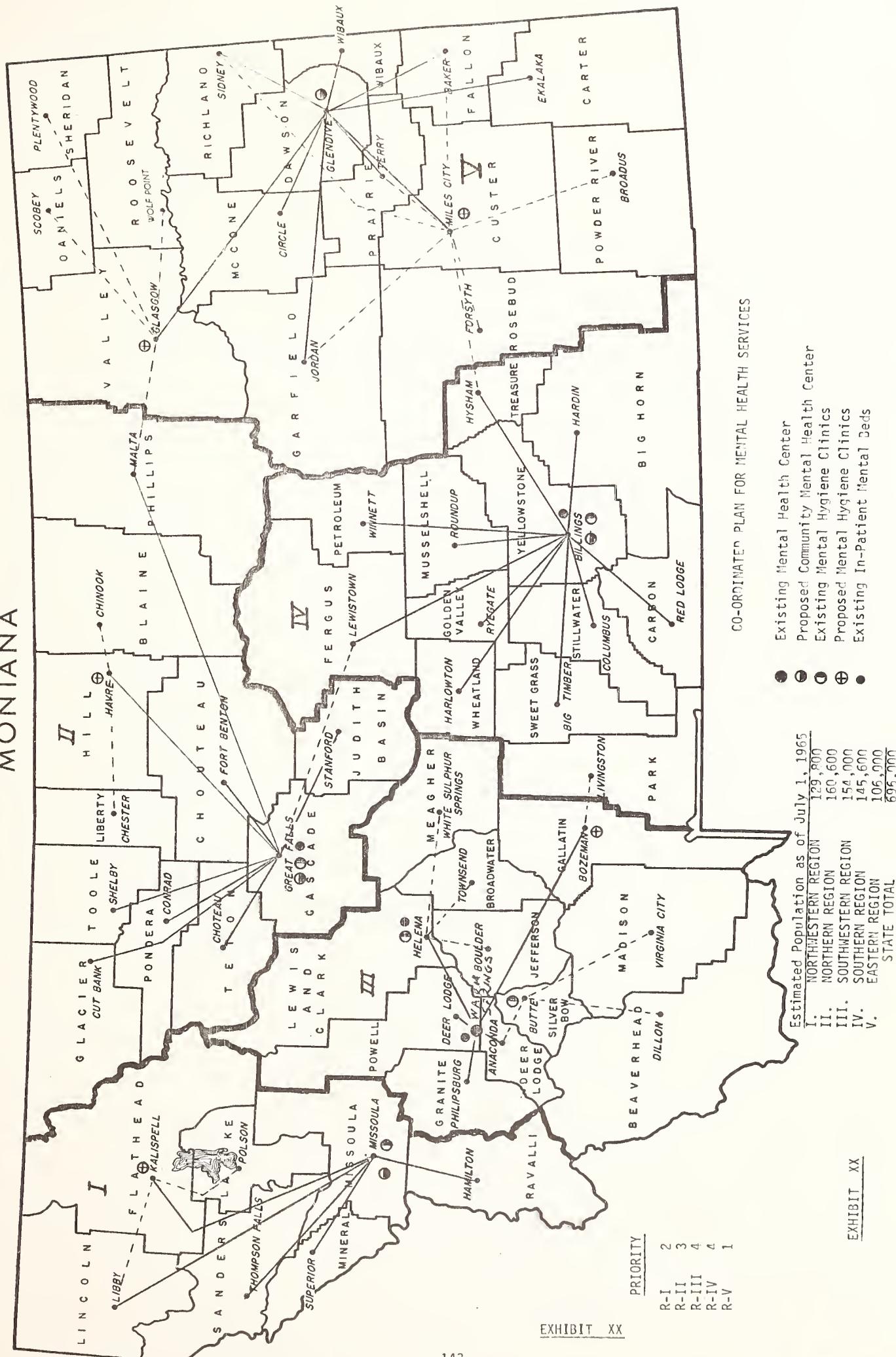


EXHIBIT XX

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EXHIBIT XXI

SURVEY OF NEED AND RANKING OF AREAS

- A. - Population Characteristics
- B. - Socio Economic Characteristics
- C. - Mental Health Resources
- D. - Social Problem Indicators
- E. - Priority System Summary

POPULATION CHARACTERISTICS

REGION	Density per Square Mile	Dependency Ratio Population Aged 15 + 65 & over Aged 15 to 64			(c) Population per Household			Rank for Category Sum of Rank of Sums
		(1) Rate	(2) Rank	(3) Numbers	(4) Rate	(5) Rank	(6) Median	
I	6.7	1		$\frac{40,011 + 13,857}{75,932}$	0.71	4	3.22	4
II	5.1	2		$\frac{54,365 + 13,580}{92,877}$	0.72	3	3.35	2
III	4.4	3		$\frac{47,006 + 15,992}{91,002}$	0.70	5	3.07	5
IV	2.7	4		$\frac{49,264 + 13,963}{82,373}$	0.77	1	3.25	3
V	2.6	5		$\frac{34,960 + 9,930}{61,010}$	0.74	2	3.44	1

SOCIO ECONOMIC CHARACTERISTICS

<u>REGION</u>	<u>Median Family Income</u>		<u>Level, Adults, 25 Yrs. &amp; over</u>			<u>Families With Income over \$3,000</u>		<u>Rank for Category</u>
	<u>Rate</u>	<u>Rank</u>	<u>Rate</u>	<u>Rank</u>	<u>Percent</u>	<u>Rank</u>	<u>Sum of Rank</u>	<u>Rate of Sums</u>
I	\$5,230	2	11.3	2	78.4	2	6	2
II	5,729	5	11.6	4	82.1	5	14	5
III	5,412	3	11.3	2	81.5	4	9	3
IV	5,548	4	11.5	3	81.0	3	10	4
V	4,804	1	10.6	1	73.6	1	3	1

MUNICIPAL HEALTH RESOURCES

REGION	Professional Manpower per 1,000 Persons										Rank for Category	
	Mental Health Clinics					Psychiatrists					Social Workers	
	No.	Rank	No.	Rate	Rank	No.	Rate	Rank	No.	Rate	Rank	
I	1	2	1	0.0077	1	1	0.0077	4	1	0.0077	3	10
II	1	2	4	0.0249	3	1	0.0062	2	2	0.0126	4	11
III	2	3	12	0.0779	5	5	0.0325	5	5	0.0325	5	10
IV	1	2	4	0.0274	4	1	0.0069	3	1	0.0069	2	11
V	0	1	1	0.0094	2	0	0.0	1	0	0.0	1	6

SOCIAL PROBLEM INDICATORS

<u>Region</u>	<u>Welfare Recipients Rate per 1,000</u>	<u>Infant Mortality Rate per 1,000</u>		<u>Suicides Rate per 1,000</u>		<u>Homicides Rate per 1,000</u>		<u>Sum of Rank</u>	<u>Rate of Sums</u>
		<u>Rate</u>	<u>Rank</u>	<u>Rate</u>	<u>Rank</u>	<u>Rate</u>	<u>Rank</u>		
I	15.4	3	24.5	3	14.3	3	2.3	4	13
II	16.9	1	25.9	2	11.7	4	3.9	2	9
III	11.9	5	26.0	1	17.5	1	4.1	1	8
IV	13.4	4	24.0	4	15.2	2	3.8	3	13
V	15.6	2	26.0	1	11.2	5	1.3	5	13

PRIORITY SYSTEM SUMMARY

<u>REGION</u>	<u>Population Characteristics</u>	<u>Socio Economic Characteristics</u>	<u>Mental Health Resources</u>	<u>Social Problem Indicators</u>	<u>Sum of Ranks</u>	<u>Final Rank</u>
					<u>Rank</u>	<u>Rank</u>
I	3	2	2	3	10	2
II	1	5	3	2	11	3
III	4	3	4	1	12	4
IV	2	4	3	3	12	4
V	2	1	1	3	7	1

EXHIBIT XXI - E

GOVERNOR'S JOINT COMMITTEE

ON

MENTAL HEALTH AND MENTAL RETARDATION

Box 1723

HELENA, MONTANA

November 29th, 1966

Joseph H. Roe, Chairman  
Box 1723  
Helena, Montana

Mrs. Thomas Payne  
112 Pattee Creek Drive  
Missoula, Montana

Steve Chiavaro, Supt.  
Montana Training School  
& Hospital - Boulder

Mrs. David Gregory  
Box 552  
Glasgow, Montana

Dr. Bryce G. Huggett  
1231 North 29th  
Billings, Montana

James F. Sargent, Chrmn.  
2030 Fifth Ave. MSAMR  
Helena, Montana

Miss Elizabeth Havnen  
Box 1007  
Great Falls, Montana

Roger Bauer  
Bureau of Voc. Rehab.  
Power Block, Helena

Hon. Tim Babcock  
State Capitol  
Helena, Montana

A. W. Scribner  
Union Bank Bldg.  
Helena, Montana

Tom McMaster  
Dept. of Agriculture  
Mitchell Building  
Helena, Montana

Dr. Leonard E. Kuffel  
Medical Dental Center  
Missoula, Montana

Dr. Gladys Holmes  
Missoula Mental Hygiene Clinic  
Missoula, Montana

Mr. A. W. Hook  
Box 312  
Columbia Falls, Montana

James B. Patten  
Exec. Sec. Gov. Office  
Helena, Montana

Rev. H. Fichtler  
1851 South 12 West  
Missoula, Montana

Barbara Longmaid  
Dept. of Pub. Inst.  
Helena, Montana

Dr. John S. Anderson  
State Board of Health  
Helena, Montana

Dr. Mary Soules  
Board of Health  
Helena, Montana

Mrs. George J. Allen  
Box 364  
Livingston, Montana

Floyd Green  
Dept. of State Inst.  
Helena, Montana

James A. Poore, Jr.  
Silver Bow Block  
Butte, Montana

Dr. Stanley J. Rogers, Director  
Montana State Hospital  
Warm Springs, Montana

Mrs. Donald A. Roberts  
310 13th Street N.  
Great Falls, Montana

EXHIBIT XXII



EXHIBIT XXIII

PUBLICITY GIVEN TO STATE PLAN

A. - News Release, March 22, 1967

B. - Newspaper Clippings

FOR IMMEDIATE RELEASE  
3/22/67  
State Board of Health  
442/3260, Ext. 214

HELENA . . . The State Board of Health has announced the development of a Montana State Plan for Community Mental Health Centers Construction. Following the approval of the Plan by the State Board of Health and the Surgeon General of the Public Health Service, it will be possible for the State of Montana to utilize available Federal funds for the construction of community mental health centers.

Enabling legislation was provided by the 1965 Montana Legislative Assembly which designated the State Board of Health as the agency in Montana to administer the construction program and provided for a Hospital, Medical and Related Facilities Advisory Council.

The State Plan was prepared to meet the requirements of Public Law 88-164, Title II--Construction of Community Mental Health Centers and the Federal Regulations promulgated under the Federal law. The Federal Regulations require that the State Plan shall provide that every community mental health facility shall serve a population of not less than 75,000 and not more than 200,000 persons. This was accomplished by dividing the State into five regions which, in general, are the same as those used under the Hill-Burton Program for Hospital and Medical Facilities Construction. These regions consist of the Northwestern with the urban center being Missoula, with an estimated population of 129,800; the Northern Region with an estimated population of 160,600 with Great Falls as the urban center; the Southwestern Region with a population of 154,000 with the major urban centers being Helena and Butte; the Southern Region with a population of 145,600 with Billings being the urban center; and the Eastern Region with a population of 106,000 with the largest urban areas

being Miles City and Glendive.

The Plan contains an inventory of existing mental health facilities and manpower. The Plan proposes community mental health centers be established at Missoula, Great Falls, Billings, Glendive or Miles City in the eastern region, and one at either Helena or Butte in the southwestern region.

A priority sequence by region was developed utilizing variables required by the National Institute of Mental Health. The variables used include population characteristics, socio economic characteristics, mental health resources and social problem indicators. On the basis of the ranking of the variables, the priority system is:

Region V, Eastern - 1; Region I, Northwestern - 2; Region II, Northern - 3,; Region III, Southwestern and Region IV, Southern - 4.

Applications for project construction will be processed on the basis of priority under this Plan. If no applications are received from the highest priority region, applications from lower priority regions will be considered.

The State Plan for Community Mental Health Centers Construction will be reviewed by the State Board of Health at its regular meeting on March 25, 1967 after which it will be submitted to the Division of Mental Health of the U. S. Public Health Service for review and approval.

Following the approval of the State Plan the State Board of Health will receive applications for community mental health centers construction from applicants desiring to participate in this program. Federal funds in the amount of \$187,826 are available through June 30, 1967 and \$185,096 through June 30, 1968.

A copy of the State Plan is available for examination and comment by interested persons in the Executive Office, State Board of Health, Room 200, Cogswell Building, Helena, and in the Division of Hospital Facilities, 1409 Helena Avenue in Helena.

## Mental Health Center Construction Plan Readied

HELENA (AP) — Montana has taken another step toward the establishment of community mental health centers.

The State Board of Health announced Wednesday the development of a Montana State Plan for Community Mental Health Centers Construction.

The state is required to have such a plan before it can become eligible for matching federal funds. Federal money in the amount of \$187,826 is available through June 30, 1967 and \$185,096 through June 30, 1968.

In order to comply with a federal requirement that the state

plan must provide that every mental health facility can not serve less than 75,000 people or more than 800,000, Montana was divided into five regions.

The regions consist of the Northwestern with the urban center being Missoula; the Northern with Great Falls as the urban center; the Southwestern Region with two urban centers of population, Butte and Helena; the Southern with Billings as the urban center and the Eastern Region with Miles City and Glendive as the major urban centers.

The board also developed a

priority sequence by region to be used in distributing the available funds. Top priority went to the Eastern Region with the Northwestern, Northern, Southwestern and Southern regions listed in that order.

The plan was the result of enabling legislation passed during the last session of the legislature, which designated the Board of Health as the agency in Montana to administer the construction program and provide for a Hospital, Medical and Related Facilities Advisory Council.

The plan will be reviewed by

the board at its next regular meeting on March 25, after which it will be submitted to the Division of Mental Health of the U.S. Public Health Service for review and approval.

Once the federal government has given the plan its stamp of approval, applications to the state Board of Health for construction of the centers can be received.

Under the priority system established, if no applications are received from the highest priority region, applications from lower regions will be considered.

# Mental Health Center Plans Listed for State

Montana has taken another step toward establishment of community mental health centers.

The State Board of Health announced Wednesday the development of a Montana State Plan for Community Mental Health Centers Construction.

The state is required to have such a plan before it can become eligible for matching federal funds. Federal money in the amount of \$187,826 is available through June 30, 1967 and \$185,006 through June 30, 1968.

In order to comply with a federal requirement that the state plan must provide that every mental health facility can not serve less than 75,000 people or more than 800,000, Montana was divided into five regions.

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The board also developed a priority sequence by region to be used in distributing the available funds. Top priority went to the Eastern Region with the Northwestern, Northern, Southwestern and Southern regions listed in that order.

#### Plan to Be Reviewed

The plan was the result of enabling legislation passed during the last session of the legislature, which designated the Board of Health as the agency to establish, which designated the construction program and provide for a Hospital, Medical and Related Facilities Advisory Council.

The plan will be reviewed by the board at its next regular meeting on March 25, after which it will be submitted to the Division of Mental Health of the U. S. Public Health Service for review and approval.

Once the federal government has given the plan its stamp of approval, applications to the state Board of Health for construction of the centers can be received.

Under the priority system established, if no applications are received from the highest priority region, applications from lower regions will be considered.

3/23/67

DATE

ROUTE TO:	CHECK IF SEEN	ROUTE TO:	CHECK IF SEEN
EXECUTIVE OFFICE	_____	HEALTH EDUCATION	<i>mett</i>
LOCAL HEALTH SERVICES	_____	ENV. SANITATION	_____
DISEASE CONTROL	_____	LABORATORIES	_____
CHILD HEALTH SERVICES	_____	HOSPITAL FACILITIES	_____
DENTAL HEALTH	_____	MED. FAC. CTF.	_____
PUBLIC HEALTH NURSING	_____		
ADMINISTRATIVE OFFICE	_____		
RECORDS and STATISTICS	_____		

The Missoulian, Thursday, March 23, 1967—7

## Plan Developed For Health Centers

HELENA (AP) — Montana has taken another step toward the establishment of community mental health centers.

The State Board of Health announced Wednesday the development of a Montana State Plan for Community Mental Health Centers Construction.

The state is required to have such a plan before it can become eligible for matching federal funds. Federal money in the amount of \$187,826 is available through June 30, 1967, and \$185,096 through June 30, 1968.

In order to comply with a federal requirement that the state plan must provide that every mental health facility cannot serve less than 75,000 people or more than 800,000, Montana was divided into five regions.

The regions consist of the

Northwestern with the urban center being Missoula; the Northern with Great Falls as the urban center; the Southwestern Region with two urban centers of population, Butte and Helena; the Southern with Billings as the urban center and the Eastern Region with Miles City and Glendive as the major urban centers.

The board also developed a priority sequence by region to be used in distributing the available funds. Top priority went to the Eastern Region with the Northwestern, Northern, Southwestern and Southern regions listed in that order.

The plan was the result of enabling legislation passed during the last session of the legislature, which designated the Board of Health as the agency

in Montana to administer the construction program and provide for a Hospital, Medical and Related Facilities Advisory Council.

The plan will be reviewed by the board at its next regular meeting on March 25, after which it will be submitted to the Division of Mental Health of the U. S. Public Health Service for review and approval.

Once the federal government has given the plan its stamp of approval, applications to the state Board of Health for construction of the centers can be received.

Under the priority system established, if no applications are received from the highest priority region, applications from lower regions will be considered.

APPENDIX

LAWS OF THE STATE OF MONTANA  
PERTAINING TO MENTAL HEALTH  
PASSED BY THE  
FORTIETH LEGISLATIVE ASSEMBLY IN REGULAR SESSION

Held at Helena, the Seat of Government of  
Said State, Commencing January 2, 1967  
and ending March 2, 1967.

AND

IN EXTRAORDINARY SESSION

Commencing March 3, 1967 and  
Ending March 18, 1967.

CHAPTER 134

Montana Session Laws 1967

House Bill No. 291

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING FOR THE COMMITMENT OF A CHILD HELD ON A CHARGE UNDER WHICH THE CHILD COULD BE JUDGED A DELINQUENT TO A RECEPTION AND EVALUATION CENTER FOR CHILDREN FOR DIAGNOSTIC STUDY PRIOR TO HEARING AND JUDGMENT: AMENDING SECTION 10-611 RELATING TO HEARING AND JUDGMENT IN JUVENILE CASES."

CHAPTER NO. 246

Montana Session Laws 1967

Senate Bill No. 85

AN ACT EXPANDING DUTIES AND SERVICES OF THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS BY ESTABLISHING AND CONDUCTING MENTAL HEALTH CLINICS AND COMMUNITY COMPREHENSIVE MENTAL HEALTH CENTERS; CREATING REGIONAL MENTAL HEALTH BOARDS; PROVIDING FOR THE ORGANIZATION THEREOF; DEFINING THE DUTIES OF REGIONAL MENTAL HEALTH BOARDS; AUTHORIZING THE PARTICIPATION OF THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS IN CONTRACTUAL OR COOPERATIVE ARRANGEMENTS WITH REGIONAL MENTAL HEALTH BOARDS AND OTHERS; PROVIDING THE DIVISION OF MENTAL HYGIENE AND THE REGIONAL MENTAL HEALTH BOARDS THE AUTHORITY TO RECEIVE GIFTS, GRANTS, DONATIONS, AND ANY OTHER FORM OF SUPPORT AND ENABLING COUNTIES PARTICIPATING IN REGIONAL MENTAL HEALTH PROGRAMS TO USE TAX MONIES TO FINANCE THE PROGRAMS OF PREVENTION, DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS; GIVING THE DIVISION OF MENTAL HYGIENE OF THE STATE BOARD OF PUBLIC INSTITUTIONS GENERAL SUPERVISORY POWER AND CONTROL OVER ALL PUBLIC MENTAL HEALTH PROGRAMS IN THE STATE OF MONTANA; AMENDING SECTION 80-2403 OF THE REVISED CODES OF MONTANA, 1947 ENACTED AS SECTION 69, CHAPTER 199, LAWS OF 1965; AND REPEALING ALL OTHER ACTS AND PARTS OF ACTS IN CONFLICT HEREWITH.

AN ACT REQUIRING THE BOARD OF INSTITUTIONS TO ESTABLISH MENTAL HEALTH CENTERS IN MILES CITY AND GLASGOW FOR CARE AND TREATMENT OF MENTALLY ILL PERSONS, PROVIDING STAFF AND SERVICE REQUIREMENTS TO BE UNDER SUPERVISION AND REGULATIONS OF THE BOARD; REQUIRING THE BOARD TO ESTABLISH, CONSTRUCT, EQUIP, MAINTAIN AND STAFF A MENTAL RETARDATION CENTER AT GLENDALE, PROVIDING FOR RESIDENTIAL AND OUTPATIENT CARE OF MENTALLY RETARDED PERSONS AS AN EXTENSION OF THE STATE TRAINING SCHOOL AND HOSPITAL UNDER SUPERVISION AND REGULATIONS OF THE BOARD, NOT TO EXCEED TWO HUNDRED BED UNITS; AND PROVIDING FOR TEMPORARY TRANSFERS TO STATE TRAINING SCHOOL AND HOSPITAL AT BOULDER.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. (a) The board of institutions shall establish mental health centers in Miles City and Glasgow for the care and treatment of mentally ill persons residing in Montana. Each center shall be staffed with at least one of each of the following:

- (1) Psychiatrist.
- (2) Psychologist.
- (3) Psychiatric nurse or social worker.

(b) Each center shall provide the following services:

- (1) Short term inpatient service.
- (2) Partial inpatient service.
- (3) Rehabilitation.
- (4) Communities education.

Section 2. The mental health centers shall be established, organized and supervised by the board of institutions, under rules and regulations of the board authorized in section 80-145.

Section 3. The board of institutions shall establish, construct, equip, maintain and provide services for a mental retardation center at Glendive for residential and outpatient care of mentally retarded persons residing in Montana. The center shall be planned, constructed, equipped and shall provide services similar to those provided at the state training school and hospital at Boulder; provided, however, that the center shall not be a duplication of the state training school and hospital but shall be an extension thereof.

Section 4. The center to be constructed under the provisions of this act shall not exceed the requirements of two hundred (200) bed units.

Section 5. The board of institutions shall plan, supervise, and provide rules and regulations for, but not limited to, the construction, equipment, maintenance, staff requirements and services to be provided at the center. The board shall provide for temporary transfers from the Glendive center to the state training school and hospital at Boulder for special medical, psychological, surgical or other services on a temporary basis.

EXTRAORDINARY SESSION HOUSE BILL NO. 13

AN ACT APPROPRIATING MONEYS TO THE STATE CONTROLLER FOR STATE AGENCIES AND INSTITUTIONS FOR CAPITAL AND REPAIR PROJECTS FOR THE BIENNIAL ENDING JUNE 30, 1969; AUTHORIZING THE SALE OF THIRTEEN MILLION FIVE HUNDRED THOUSAND DOLLARS (\$13,500,000) OF BUILDING BONDS BY THE MONTANA STATE BOARD OF EXAMINERS; AND AUTHORIZING THE TRANSFER OF THE BOND SALE PROCEEDS TO THE "LONG-RANGE BUILDING PROGRAM ACCOUNT, BOND PROCEEDS AND INSURANCE CLEARANCE FUND".

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. The following moneys are appropriated for the projects and from the accounts indicated for the biennium ending June 30, 1969:

Long-Range Building Program Account Bond Proceeds and Insurance Clearance Fund	Construction Grant Account Federal and Private Revenue Fund
---	--

... DEPARTMENT OF INSTITUTIONS  
CHILDREN'S CENTER

Boiler & renovation projects \$ 75,000

WARM SPRINGS STATE HOSPITAL

New building to replace annex 600,000

Heating plant & incinerator 550,000

Renovate Warren and Kansas building phase I 112,000

BOULDER RIVER SCHOOL AND  
HOSPITAL

Remodeling 75,000

Boy's dormitory and girl's dormitory 900,000 \$100,000

CENTER FOR AGED

Boiler repair &  
remodeling \$ 26,950

GALEN STATE HOSPITAL

All renovation projects 250,000

STATE PRISON

Remodeling 50,000

Dairy 150,000

PINE HILLS SCHOOL

Classroom (supplemental) 152,000

Physical education  
Furnishings 49,000

Dining facilities 90,000

MOUNTAIN VIEW SCHOOL

Repairs & remodeling 46,000

Multi-purpose shop 29,000

VETERAN'S HOME

New facility 500,000

SWAN RIVER YOUTH FOREST  
CAMP 88,000

COMPREHENSIVE COMMUNITY MENTAL  
HEALTH CENTER at Billings,  
Montana 190,000

GLENDIVE RETARDATION  
UNIT 165,000 and any available federal funds.

Section 2. In addition to the amounts specifically appropriated by this act, the expenditure of all federal and private moneys available for the above named capital projects may be made upon the approval of the governor submitted through the state controller.

Section 3. Moneys appropriated for one (1) project may be used on other projects under the following conditions: (1) Upon award of construction contract for any project named above in the university system, the board of regents, with the concurrence of the state controller, may request transfer of excess funds appropriated for that project to increase the appropriation of another project within the university system.

(2) Upon award of construction contract for any project named above under the control of the board of institutions, the board of institutions, with the concurrence of the state controller, may request transfer of excess funds appropriated for that project to increase the appropriation of another project under their supervision.

Section 4. No awards for construction shall total more than fifty percent (50%) of the total authorized in any six-month period during the 1967-69 biennium . . .

Section 6. This act shall be effective upon passage and approval and supplemental amounts authorized from current cash are approved for immediate use.

Approved by Tim Babcock, Governor of said State on the sixteenth day of March, 1967.



